



PROSTHODONTIA

Empiricism of Bridgework.

By HERMAN E. S. CHAYES, D.S.S., New York.

Since all things earthly have a beginning, an inception, a starting-point, they must of necessity be subject to that change which in its course brings disintegration and ultimate destruction.

Life itself in the condition in which we are familiar with it is comparatively but of momentary duration; the change that takes place in the metamorphoses of the active human body into a passive mass of organic and inorganic substances is as yet shrouded in the mysterious garments of the infinite and largely not understandable.

We think that the maintenance of life depends wholly upon the more or less uninterrupted maintenance of the functional activities of all organs found in the human body.

We can, too, by various means enhance or stimulate organic efficiency and thus increase functional activity. In the same manner we can, for a time being and to a restricted extent, repair various parts of human machinery as it begins to show evidence of the dreaded but natural change. In proportion as our ministrations to the human economy are of value and in the proportion as they enhance the organic efficiency of certain parts to stimulate them to a more effective functional activity, without in any way impairing the efficiency of any other part, are they valuable to mankind.

It is permissible that the good we do to the human body be temporary, since life itself as we see it, understand it and can grasp it, is but temporary; but it is not permissible that the work we do for the human body be makeshift at its best, and that the sum total of its service to the body

ITEMS OF INTEREST

be but an increase in the area becoming subject of the disintegrating change.

Crown and bridgework has done just that for the human economy; it has been the worst sort of a makeshift, and if at times its destructive work has been hidden in a period of temporary satisfaction, it has been no less destructive in the end. The fault belongs to the artisan, not the art, and since such is the conclusion, I maintain that it takes quite as much knowledge of conditions and quite as much courage to face them in order to condemn a fault as it does to commend a virtue.

From the time of Pierre Fouchard down to the present day the scientific development of dental skill has been marked by a series of successive strides, both progressive and retrogressive. Quiescent periods have been followed by years of bewildering activity, often along paths which led not at all to the goal desired, and thus the activity proved a good deal more harmful to the science and to the public than the preceding period of inertia.

The recent development of the esthetic sense of the public and of the profession has been and is responsible for a period of progressive activity in that department of prosthodontia called "Crown and Bridge-work," and has brought to light two facts: the department referred to has been the field of more flagrant misconception on the part of both the profession and the public, and the work done has proven more ruinous and costly to the physical well-being of the patient, than that in any other branch of the prosthetic part of dentistry.

A lurid streak of almost criminal misunderstanding of the first principles of the science and of its limitations mars and scars the already variously and not too creditably tinted horizon of dentistry.

The early contributors to this field have, through their advocacy of methods of faulty construction, become parties to the malpractice imposed upon the public, in that the work, inadequate even in their own hands, faulty in mechanics and unsound of science, was taken up by men less skilful, and, indeed, unfit, who engaged in it with the sole purpose of financial gain, regardless of the unhygienic and disease-breeding consequences to their unfortunate patients.

The latter, too, helped, in that they, in their eagerness to be rid of the usually uncomfortable partial plate, were ready and willing to have the sharper of a profession experiment upon them with his recently heard of and not at all comprehended methods.

With the enormous number of failures, which under the circumstances were a foregone conclusion, came a revulsion of public opinion

as regards the desirability of bridgework in preference to plates, and so it came about that the science and the art were held responsible for the faults and shortcomings of the artisan.

Anyone versed in the construction of bridgework, its mechanical requirements and the careful manipulation which its successful completion exacts, be he ever so charitable, must reach the conclusion that a great many contributions to the literature were the result of too meagre an experience on the part of the authors, not only as regards the work as advocated and carried on by them, but also as regards the knowledge that must be gathered and thoroughly assimilated by anyone who attempts restoration by means of crown and bridgework, be the artificial fixture ever so small.

The so-called methods advocated by innumerable contributors, in innumerable text-books, old and new, are not only faulty in points, but are misconceived; and though execution of the work in the manner described by the authors themselves has embellished this character of bridge work with a certain amount of artistic glamor, it has become apparent upon close study of the dynamics, physics and relations involved that no important point necessary to the success of the appliance and essential to the physiological well-being of the patients and to their hygienic integrity has been considered, except, perhaps, the one requirement of filling the space, which presents itself devoid of dental members.

The most diligent perusal of much that has been written on this subject, after careful consideration and study of various methods advocated in the several books, fails to disclose anything really scientific and accurate—anything which would seem to be based upon sound knowledge of the requirements to be filled and the dynamics involved.

At best, one is brought face to face with results that are unsatisfactory, incomplete, unsuccessful, unwholesome and unclean, all because of a premature venture into a field foreign to the authors—foreign when one considers the true principles upon which all work of the crown and bridge character should be constructed.

It is only since the dental practitioner began the study of the laws and principles of physics in a more comprehensive manner, and began to apply these principles to his work, that this department of prosthetic dentistry came to be more fully understood and the work to be more thoroughly executed.

The sweeping nature of the foregoing comments requires greater proof than mere words; but the examination of the specimens here submitted will more than convince the most stubborn supporter of bridge-work as it is being practiced that anyone doing this sort of work becomes guilty of criminal malpractice.

**Specimens of Work
from
Prominent Men.**

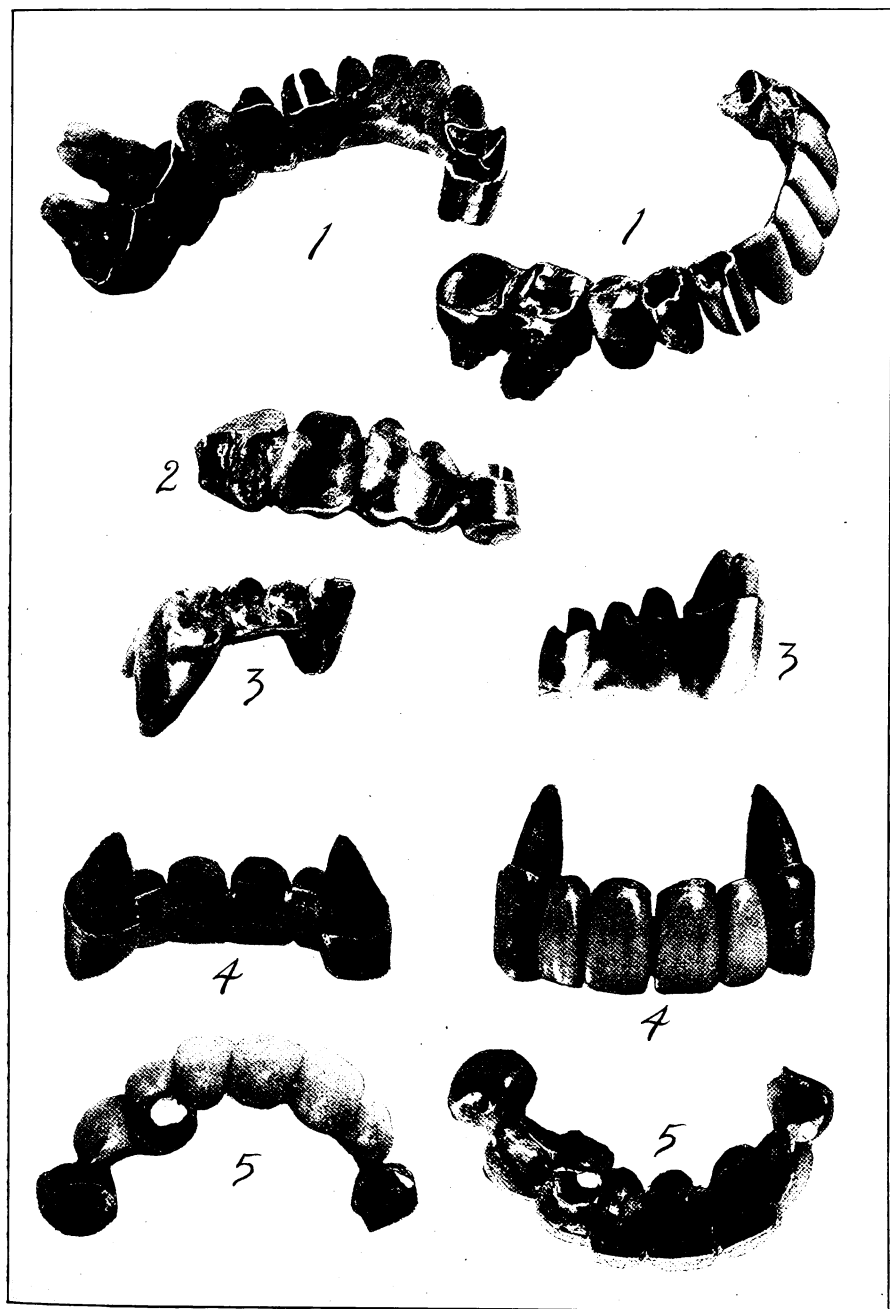
These specimens are not the work of all-around incompetents: authors, clinicians, professors of prosthodontia figure among those at whose doors the existence of these specimens may be laid. Men who, in some instances, are so painstaking that they fill the root canals of multiple-rooted teeth with gold foil, then crown these teeth in the manner here shown, and execute the bridgework in this faulty fashion. The more carefully one examines these specimens in full detail the firmer grows the conviction that such work is empirical and without any scientific foundation.

Figures 1, 2 and 3 represent the aftermath of what a certain patient carried in his oral cavity, placed there by a practitioner who considers himself, and is considered by a great many, to be above the average in the skilled construction of bridgework. It will be noted that the crowns do not come within an eighth of an inch of fitting the necks of the pier teeth; that no attention has been paid to contour labio-lingually; that even from superficial examination the phonetic deficiency of the appliance must be apparent. In order to support the four lower incisors the practitioner resorted to the fixation of the entire number of lower teeth, and thus defeated his purpose and the patient's well-being by robbing all of his lower teeth of the essential individual tooth motion. The necessity for inter-dental space was entirely ignored, and the occlusal surfaces of the two upper pieces right and left, show nothing short of charlatanism. The square of the surface left to accumulate filth is equal to the squares of both surfaces, labial and occlusal respectively, so that while the two latter are automatically kept clean, one by the cheeks and the other by the work of trituration, the one that cannot be automatically cleansed was made the largest in area. Why?

From the hands of the same master craftsman:
Figure 4. note the quarter of an inch deficiency in the fit of what the practitioner undoubtedly called a cuspid crown. Note the lack of labio-palatal restoration, and hence interference with proper enunciation, and also please observe the final loss of the piers. Let us pass on to the next one with the thankful thought that we did not compound the felony by co-partnership in the specimens so far shown.

Particular attention is called to Figure 5. An
Figure 5. anterior bridge running back on the left side to the second bicuspid; on the right side, ditto. From every point of view one of the worst examples of bridgework and a foul insult to a patient's intelligence, as well as a deathblow to anyone's good health, constructed by one of New York's greatest porce-

PROSTHODONTIA



ITEMS OF INTEREST

lain specialists, actually doing work for the dental profession. It is surmised that the skill he displayed manifested itself in the addition of a little porcelain to the gingival borders of the teeth,—a trap for filth and an everlasting shame for the man guilty of this product.

This is shown in order to bear out the contention that bridgework, as it is being practiced, is a chaotic jumble. The practitioner who is responsible for the existence of this specimen is a clinician of national reputation, when it comes to filling root canals with gold foil. The specimen shows considerable knowledge of root preparation and absolute lack of proper relation and of labio-lingual restoration. It is the half-knowledge which seals the fate of a piece of bridgework, even before it is put to any test; here we find no occlusion and no evidence of knowledge of the physics or dynamics of bridgework.

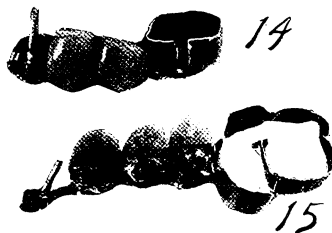
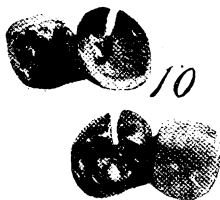
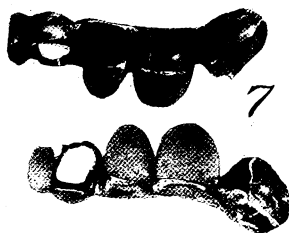
A piece of rigid lower bridgework — may the gods forgive me for giving it the name! It shows an absolute lack of any of the knowledge that one should have when he attempts restorations of this kind. Please note the lack of occlusal provision; lack of the sense of preparation; lack of inter-dental spaces, and pray consider that at one time there was a man who tried to collect a royalty from every man practicing bridgework, for he claimed it as his invention; and then reflect upon the fact that Figure 7 is the creation, the handiwork of his first assistant.

One may by an insignificant stretch of one's imagination see a blue line emanating from Figure 7, and if one look intently enough at the blue line it will curl into the letters which make up the words "The patient be damned!"

This is shown to illustrate the lack of knowledge of the simple fact that if a tooth be divided into three equal thirds, gingivo-morsally, its greatest circumference is at the gingival plane of the morsal third, and its smallest diameter at the gingival plane of the gingival third. The rest of Figure 8 is of no further interest, because it lacks anything which would entitle it to serious consideration, if it were not that it has been responsible for the development and growth of X million bacteria and the loss of a sound molar tooth. This was constructed by one who seriously takes himself as an expert crown and bridge worker.

This shows an intelligent (?) attempt to restore two teeth by a method of slotting the artificial fixture and running it upon a supposed-to-be parallel bar. No allowance is made for vertical stress; none for latero-rotary stress; the labio-lingual restoration is faulty, and the method of procuring distal

PROSTHODONTIA



ITEMS OF INTEREST

anchorage is mechanically unsound. Like a dutiful specimen, it came back to tell of all the discomfort it had caused its proud (?) and glad (?) possessor during a period of a short six months or so. Its creator: a president of a dental something or other, a clinician of State reputation; an expert with Ascher's enamel, etc.

This shows a more comprehensive knowledge of crown construction and was made by a professor of prosthetic dentistry in a Western institution. Presented because it exhibits the folly of attempting to obtain union between crown and dummy anywhere except upon the mesio-morsal and disto-morsal lines respectively; had this been done in the specimen here submitted the inter-dental space would not have been encroached upon, the area would not have become severely inflamed, and the work might yet have been in the oral cavity, although the gingival part of the facial palatal restoration was decidedly wrong.

A failure of the better class, and perhaps responsible for keeping this kind of infernal bridge work alive so long. Constructed by a so-called top-notch—yea, with an office on Fifth Avenue—further remarks would be uncharitable. Let the specimen speak for itself.

A vile example of a Sixth Avenue dental fakir. This is commonly called bridgework, and while it looks "fierce," as Myra Kelly would have said, in mechanics it is no worse than a good many of the specimens submitted earlier.

Two Richmond crowns, showing a great deal of care in construction, a knowledge of what was required, but evidently an impossibility of execution, and hence failure resulted, due directly to an ill-fitting band and consequent peridental irritation. Nevertheless, the effort of a conscientious workman.

Specimens from one of Hubbard's Immortals showing such a lamentable lack of knowledge that a summary of their faults will suffice:

- (1) Lack of knowledge of tooth preparation.
- (2) Lack of knowledge of importance of inter-dental space.
- (3) Lack of knowledge of proportionate size of teeth.
- (4) Improper labio-lingual restorations.
- (5) Ignoring vulnerability of soft tissues of buccal cavity.
- (6) Uncleansable area twice as large as cleansable one.
- (7) The result of all the foregoing was a year of unspeakable torture for the patient, now fully restored.

PROSTHODONTIA

Figure 16.

A central and lateral incisor carried on pivot insufficient to support one tooth, yet asked to support two. The piece shows an absolute disregard of all the rules that should govern the construction of such work, and yet the man responsible for it is a porcelain specialist of New York City, and enjoys a national reputation. If it were possible to reproduce colors in the illustration, it would show an enviable amount of ignorance of the laws that govern the production of colors; enviable, since they say that ignorance is bliss. It is needless to state that the duration of the appliance was just about the time that elapses between two rooster crows, and such is a specimen of time-honored and long-heralded porcelain bridgework.

**Text-book
Teachings
Criticised.**

A sufficient number of examples have been shown to compel the conclusion that the schools and colleges for dentistry are deficient or such specimens could not exist. The methods for conveying the scientific, the accurate, the absolute in dentistry; the methods of teaching this character of work are wrong because they are constructed upon false foundations, and no amount of trimming will bring them into plumb.

I have but to quote some of the paragraphs from various text-books to convince anyone that, while one of the authors elaborates upon the method of construction of a certain piece of bridgework and indulges in a few beautiful sentences which may lead one, uninitiated, to expect a piece of work perfect in every detail, the same author winds up by illustrating his result with a piece of work deficient from every point of view. He ignores the extent of the proper labio-lingual restoration; he ignores the line and direction of stress; the important inter-dental spaces; the vulnerability of the gum margins, etc., and perhaps, too, the occlusion is worse than poor and articulation greatly interfered with. The two latter points cannot be proven because they are not shown in the illustrations (*Richardson's Mechanical Dentistry*, seventh edition, 1897, pages 576-587, Williams; 587-589, Knapp; 589-593, Low).

Right on through various editions of these works the editors keep quoting and illustrating the same unsound methods leading to the same unsatisfactory results. The latest editions of Richardson, Harris, American System, fairly reek with page upon page of worse than useless and lamentably crude, as well as faulty technique, of bridge construction.

One of the worst features of this chaotic jumble is that it reads well and sounds well, and the pupil cannot realize that it is all wrong until he is confronted with the result of what he has constructed while following the text. Even then he fails to see the shortcomings of the

ITEMS OF INTEREST

appliance until his patients return (if they do) minus one or more valuable teeth.

The men who produced the specimens of bridgework herewith shown all received their initial instruction in various dental schools of the United States—East, West, North and South. Each one of them used one or more of the books quoted, and just how thorough was the knowledge they obtained at these schools, and from these books, anyone may judge after examining these creations. It would seem, too, that so deeply did the lessons they received become impressed upon them that during an active career of dental practice, covering a period of from ten to twenty-five years, they have been unable to unlearn the infernal teachings of destructive bridgework which they had imbibed, and substitute therefor a common sense system based on a somewhat better knowledge of what is required, in order to bring about a period of constructive bridgework instead.

There is a certain amount of risk which everyone who starts out with the intention to tell the truth must run; also one meets a substantial share of antagonism among professional brethren, which latter is not always the result of narrow-mindedness, but which has been created by what might best be termed an habitually methodical misconception of prostheses to which they have clung, despite the cry of their inner conscience to the contrary; despite the numerous failures, wrecks and abominations.

I am conscious of the risk, and I do not dread the possible storm of antagonism, for I realize, too, that I am dealing with men who can reason and think. Again, the major part of what is to follow consists simply of cold mathematical facts, axiomatic truths and physical laws, adapted—modified at times, it is true—in order to make them elastic enough to fit and co-act with the life and activity of the maxillary region of the human anatomy, and that part of this which does not so consist of absolute facts is theory evolved along lines of logical reasoning, and by force of its own argument it must be accepted as reasonable and true until the contrary be proven.

To the sincere worker in the ranks of this profession it is very evident that this paper is not in any way actuated by heresy or any desire to detract credit from those to whom it may be due, but that, on the contrary, it has its birth in the willingness of the writer to do his utmost in an effort to sweep aside and obliterate the cobwebs of chaotic misconception spun across the entrance to the truth about bridgework.

The practice of the bridgework of to-day is, with the great majority, the result of a viciously unsound knowledge gained from volumes of misinformation and entrenched behind that formidable fort—the direc-

PROSTHODONTIA

tion of least resistance. The consequent years of malpractice are alone due directly to the misconception gained from these volumes, and make a combination of diseases not so easy to overcome.

Neither is the present status of the knowledge of bridgework and its kindred divisions in any true sense a matter of evolution; in fact, no more or no greater relationship exists between bridgework as it is and bridgework as it should be than there is kinship between orthodontia as it is and orthodontia as it was; both the former as it is to-day and the latter as it was years ago are blots upon the escutcheon of anything which heroically lays claim to the title of science.

We have gotten well rid of the one sore, and, please Providence, with hard work and lucid, well-directed efforts, we will get rid of the other abominations.

I said that in no true sense is the knowledge of bridgework as it should be constructed a matter of evolution, and I augment that with the statement that true and successful work of this character owes nothing to the misnamed imposture of the past and present; the latter was misconceived from its very foundation, and every step of its construction added but another error, which we must finally combat and eventually unlearn. The task of letting real daylight into this phase of dentistry is so much more involved because the profession adds hundreds of men to its roster every year: men who come from schools and colleges which teach nothing but these infernal methods of bridgework. Obviously the mills are grinding coarse and faster than is consistent with good work.

The labor of overthrowing this Horse of Troy would involve the destruction of well-nigh every section that went into its cumbersome and errorful whole, and though here and there we find examples of brilliant, or, rather, painstaking workmanship, the mass of errors will far outweigh the few points of excellence. Hence it will prove more sound to entirely ignore the fact that bridgework has existed at all, either as a science or as an art (because as practiced heretofore it cannot lay just claim to either name), and let us take our present knowledge of physics and chemistry; of geometry and general mathematics: of metallurgy and general mechanics; add to that our love for art, our developed esthetic sense, our honest desire to do our best, and using the latter as a binder, let us combine the former with what knowledge we have of anatomy and physiology and the hygienic requirements of the maxillary region of the *genus homo*; let us start cautiously, build carefully, be sure of the indisputable correctness of our foundation beyond the shadow of a reasonable doubt, and then step by step let us proceed until we reach the limit of our knowledge and power to add correctly to what we have done; let us then sensibly cease and pass the result on to one more gifted to complete what has been painstakingly and carefully constructed. Then only will the knowledge of crown and bridgework be a matter of cumulative evolution, and then only can we hope to earn for that department of dentistry two names most cherished—science and art.*

*NOTE. The writer desires to thankfully acknowledge the loan by Dr. Mehlig of a majority of the specimens here shown.



President's Address.

By B. FRANK GRAY, D.D.S., Los Angeles, Cal.

Read before the American Society of Orthodontists at Denver, Colo.

Your President feels no small degree of pride this morning in addressing this representative Society of Specialists. The honor of having been chosen as your presiding officer for the current year was quite sufficient in itself to gratify any reasonable ambition an orthodontist might have, and I almost feel that I am being additionally honored in that the American Society of Orthodontists has chosen this year to meet in Colorado, the State of my first adoption. However, since I now have my home on the extreme western rim of the Continent I am disposed to share this latter honor with my very dear friend, Doctor Ketcham, and with the other orthodontists of this immediate region.

How many times has it been said that we are living in an age of tremendous progress. Only a little more than fifty years ago one of the most eminent statesmen of our Nation publicly announced in the Halls of Congress his conviction that this immediate country where we are meeting to-day was permanently beyond the confines of civilization; that it was a region infested with wild beasts and savages, and its subjugation and civilization was not to be thought of. Colorado is only thirty-four years old, yet the Indians have been subjugated, and the wild beasts are no longer a menace to our peace of mind. These brief years have been epoch-making ones, and the evidences of progress may be seen on every hand as one visits the beautiful cities of this State and travels through her fertile valleys and plains, or climbs her lofty mountains in

the easy comfort and luxury afforded by the modern railway train. It has occurred to me there is a certain analogy existing between the very environment in which we meet this year and in the beginnings and progress of the specialty which we represent. This great Middle Western country, with its agricultural, mineral, climatic and scenic resources, was no more truly undeveloped or virgin soil a few decades ago than was orthodontia. The vision of the pioneer in the one case, as truly as in the other, has worked out the result thus far.

Doctor Edward H. Angle, to whom this Society owes its inception, has most certainly blazed the way for those who follow after, more clearly than any other man in the history of our profession. I would therefore pause a moment to speak of the honor that is due him. In the essence of the thing it matters little whether certain differences may have arisen between the founder of this Society and men who are contemporary with him. The fact remains that in a wonderful degree to his clear vision is the present status of the specialty of orthodontia due.

**Orthodontia
of Early Days.**

Nor do we forget the eminent services to orthodontia rendered by Doctors Kingsley, Case, Farrar, Guilford, Jackson and a number of contemporaneous workers in this field. Their influence has been a most worthy factor in the development of our science to its present state of efficiency. It has been to me a source of interest and delight to inquire again, and yet again, into the actual beginnings of that part of the practice of dentistry that interests us most as specialists. I am indebted for some interesting data in this latter connection to the admirable *History of Dentistry* so recently compiled and published by Dr. Vincenzo Guerini. Referring to the work of Hippocrates he says: "Toward the commencement of the sixth book (on Epidemics) the following observation is registered: 'Among those individuals whose heads are long shaped, some have thick necks, strong members and bones; others have strongly arched palates, their teeth are disposed irregularly, crowding one on the other, and they are molested by headache and otorrhea.'" Dr. Guerini continues: "While we would be tempted to attribute the knowledge of the relations between malformation of the skull, the palate, and bad arrangement of the teeth to quite modern studies, we are obliged to admit, and to our great surprise, that these relations were already noted, twenty-four centuries back, by the great physician of Cos."

While we have known of Fauchard's interest in the treatment of malocclusion in the eighteenth century, and probably of the work of men who antedated him by many years, I think it is wonderfully interesting to know to what a remote time in the world's history a study of this fascinating subject may lead us.

ITEMS OF INTEREST

Again, I have from the same source, a notation with reference to the Book of Bartholomeus Eustachius, published in 1563. From Chapter XXIX: "That teeth are sometimes cut in the palate is a fact attested by Alessandro de Benedetti and others. It has also occurred, within my own experience, to observe this in the person of a Roman woman, who had a tooth in the roof of the mouth, near the opening which is in proximity to the incisors, and at Gubbio there is, in the Monastery of the Trinity, a nephew of the distinguished jurisconsult Girolamo Gabriella, who at the age of eighteen cut a tooth in the middle of the palate."

Thus it appears that malocclusion of the teeth, which some of us may have supposed to be either the product of a more modern civilization, or that it was not, at least, observed at a very early period, was in fact noted and commented upon many ages ago. One is almost reminded of the art of printing, and other useful crafts, which flourished, to a degree, in ancient times, but which, subsequently, suffered a long period of stagnation, if not of actual decadence. Happily it has fallen to the lot of this day and age to gather up, in many instances, the tangled skein of the past and press forward to their successful development many of those departments of science which had their inception in times all but prehistoric.

There is a practical trend given to the work of the American Society of Orthodontists that has an appeal to the specialist in this department of dentistry. While the theoretical and the truly scientific are in no wise eliminated from our annual program, our Board of Censors makes opportunity each year for an exhibition of clinical methods or procedures that are of great value to the orthodontist. While it is true that the successful correction of malocclusion of the teeth demands an unusual mental equipment,—a broad education, in fact,—it is equally true that the ultimate result in any case is only reached through mechanical means. It is not the part of wisdom, therefore, to disregard that portion of our work which deals with the mechanical methods involved. Consequently, I trust we may welcome the clinic as a permanent feature of our annual meetings.

Practical Side of Orthodontia. That rapid progress is being made in our work, no thinking dentist would dare attempt to refute. Two things occur to me in this connection that I will mention because I believe you will see, as I do, that they mark long strides of progress. First, the extraction of teeth in the treatment of malocclusion, over which so many caloric encounters have been waged in the past, has no longer any very considerable number of advocates. Without pretending to dictate to men whether, in

some rare instance, the extraction of a tooth might be permissible to the end of furthering successful treatment of a given case, I do believe that as a common practice it deserves to become obsolete. In the vast majority of cases of malocclusion being treated to-day in all this broad land recourse to extraction is not thought of for a single moment. This bodes well for the perpetuation of this principle, which has been so strongly advanced by Dr. Angle as well as by the members of the American Society of Orthodontists.

Early Treatment.

The other point I have in mind, wherein a much-deserved recognition is coming to the conscientious orthodontist, is with reference to the early treatment of dental irregularities. I firmly believe that where ten general practitioners of dentistry five years ago strenuously advocated the delay of treatment until the permanent dentition was completed (excepting the wisdom teeth), that six or eight of those same men would to-day insist on the treatment of the case as soon as the malocclusion was noted and fairly well marked. Further than that, some of our most progressive dentists are quite disposed to heed the warning of certain of our specialists, such as Varney Barnes and others, and in cases of delayed development of the deciduous dental arches they are coming to know that orthodontic assistance is a wonderful preventive of a serious condition of malocclusion in the permanent dentures. Is this not an indication of progress which we should hail with delight? The co-operation of the family dentist in the education of parents to an understanding of the far-reaching advantages of early treatment is certainly a vital thing. It is no slight compliment to those men who make up the majority of specialists in orthodontia that in the two very important considerations which I have noted the profession is co-operating to so full an extent as at present.

Prophylaxis.

I wish to allude to two or three phases of our work which I believe are not receiving the careful consideration which their importance demands. The first is Prophylaxis. In the general practice of dentistry more attention is given nowadays to prevention of dental and oral disease than at any other age in the history of the profession, I am sure. I think it has been adequately demonstrated that caries of the teeth is wholly preventable, granted the necessary prophylactic measures are being followed out in a given case. But very often the price of immunity is the most constant watchfulness, both on the part of the patient and on the part of the dentist or oral specialist. Now, I do not believe any of us think that orthodontia appliances, any more than crowns, bridgework, artificial dentures, etc., are conducive to asepsis of the mouth. It does not follow,

however, that the use of such appliances renders oral prophylaxis impossible. Many of our patients wearing orthodontia appliances are, beyond doubt, enjoying a *more healthy* oral cavity than was true of them before treatment of their malocclusion was started. That is true, because the conscientious specialist spares no pains in educating his patient in the use of suitable prophylactic measures, whereas such attention to the mouth and teeth is so commonly neglected or only half performed. The immunity to disease-producing conditions from such a source will be in direct ratio, therefore, to the zeal of the orthodontist in the indicated direction and to the actual prophylactic services he renders the patient himself. It is presumed the patient will follow, more or less carefully, such directions as he may receive looking to the cleanliness of the mouth during treatment.

Gentlemen, in some instances the cause of caries of the teeth, incipient or otherwise, has been laid at the door of the orthodontist. Whether the accusation be just or not, it would be rather strange, at this comparatively early stage of development of our science, if there were not a few such instances that could be so traced. My own impression is, that as a body of specialists, we are not as careful as we should be in this particular. The requirements of the careful prophylactic care of our patients are by no means small. This special attention is needed not only during the period of active treatment, but likewise throughout the time when the retaining fixtures are worn in the mouth. Let us think deeply of this matter. I trust we may not deceive ourselves into believing that neglect of this character can be productive of other than harmful results. Then let us select, and systematically apply, such efficient prophylactic measures as will preserve the teeth intact in all the period during which the patient is under our care. We will thus serve our patient well, and possibly save ourselves some unnecessary humiliation.

We are learning something about retention, and

Retention. with no disposition to pose as an authority on this very important subject, I would simply indicate a point or two that have appealed to me with a great deal of emphasis. I have an impression that some orthodontists have misjudged the force which is exerted by the jaws in the mastication of food. It might be well for all of us to secure Dr. Black's ingenious instrument, the gnathodynamometer, and do a little experimental work. That might serve to bring to our minds afresh the fact that a tremendous pressure is often exerted in the use of the jaws. Overlooking this, in part, too often our retainers are made in too flimsy a manner. Very thin platinum bands, carrying (as they sometimes do) a strong lingual wire, too frequently give way under the stress of mastication. The result is an inconvenience

to the patient, with additional work for the orthodontist. Sometimes it may mean a relapse of the work, as might readily occur if the breakage happened while the patient were on a protracted vacation. I think it is well to study this matter of stress pretty thoroughly, with a view to having whatever appliances we place in the mouth for retention purposes sufficiently strong to render efficient service. Molar retaining bands of German silver, which I at one time used, too often disintegrate in the mouth to be satisfactory. Platinum, coin gold, or an alloy of gold and platinum should be used.

Treatment of Mature Cases.

One of my very early experiences had to do with the treatment of a mature case. Judging either from the standpoint of age or from the extreme condition of malocclusion it was a mature case! I entered upon the correction with a good deal of enthusiasm, and I learned a good deal during the ensuing four years. I learned that we can move teeth with absolute certainty, no matter what the age of the patient may be. I also learned that I could retain the teeth after the tooth movement was completed. I learned two other things: first, that sufficient development of the face necessary to a fair degree of harmony of features was not realized, and, second, that permanence of retention cannot always be expected under such conditions. Now, that experience was invaluable to me, but it was somewhat dearly purchased, I think. My patient has never complained of any dissatisfaction, but I am my own most critical judge.

I think the general impression is held by orthodontists that treatment of malocclusion after maturity is reached is a rather unsatisfactory practice, but, so far as I know, our literature is very deficient in scientific data touching upon this important matter. I think a splendid field is here open for investigation, and for one I should welcome some careful studies along this line. I have the belief that in many mature cases that seek help a great deal can be done, but I also believe we must bear in mind these two things: How much additional bone development (if any) may we expect, to meet the requirements of the enlarged dental arches and of a proper facial balance? And also, may we not need very often to resort to permanent retaining fixtures in case we do work under such circumstances?

The Future of Orthodontia.

What of the future of orthodontia? I believe the next decade or two will add very much to our knowledge and equipment for efficient work. There are promising fields of research to be more fully explored that relate intimately to the successful treatment of malocclusion of the teeth.

So far as I know, there has not been suggested any practical method of measuring the changes which expansion of the dental arch produces

ITEMS OF INTEREST

in the development of the nasal sinuses and the cavities accessory thereto. That the correction of malocclusion does most frequently assist nature in the normal development of these air passages, there is no longer room for doubt; but if by actual measurements we could determine the extent of the improvement in a given case, that data would go a long way toward convincing those who may be skeptical. The rhinologist, as well as the orthodontist, would welcome some method of this kind.

I have already referred to the importance of determining the extent of bone development in mature cases. It is believed we may not expect a great deal after maturity is reached, and doubtless this is correct. But may we not have a clearer knowledge of just what constitutes maturity as it applies to this matter? And again, is it not possible that the requirements of treatment of these mature cases may be very different from the ordinary case in some respects that we have partly overlooked? What might be the effect of a very slow movement of the teeth in such a case, spending as many months as we would weeks in treating a child of eight or nine years of age?

Have we learned how to deal successfully with all those abnormal forces which may operate after treatment to produce a recurrence of the malocclusion, even though our work be ever so well accomplished? I refer to mouth-breathing, faulty habits of the lips and tongue, etc. The force of habit is so very strong that these tend to persist after their real cause has been removed. A better understanding of these negative forces and improved methods of dealing with them are to be desired.

Truly we have come a good way on the road in a brief time, and the tendency of such rapid progress may be to cause us to feel that the end of the journey is almost at hand,—that not so very much more remains to be accomplished. It is a common thing for men, as they contemplate a certain superior method of doing a stated thing, to conclude that there remains no further opportunity of advancement in that direction. But the accepted theory and practice of to-day may become obsolete to-morrow, making way for still further progress. It is well, therefore, to take the broad view of our work which it well deserves. By doing so we may have an ever-widening conception of orthodontia, and this will mean a larger ability and an increasing appreciation of those whom we serve.

Discussion of President's Address.

Doctor Gray has given us a very comprehensive view of the work before us, and of the problems with which we are confronted at the present time. Many of them hardly admit of controversy at all.

ORTHODONTIA

The President spoke of the history of orthodontia, as gleaned from the old works, and it seems to me that in a few years' time it will be profitable for some of our members to take up the preparation of the history of orthodontia, distinctly by itself; a history of the knowledge of orthodontia, in theory and appliances. Our work is necessarily closely connected with appliances, and the doctor has spoken in his address of some tendency to apologize for paying a good deal of attention to clinics and to the mechanical side of orthodontia. That has been evident a great deal in some of our general dental meetings. As for myself, I have no apology, and never had, for a tendency toward the mechanical. It is necessary to our work and does not in any way detract from the value or dignity of dentistry or of orthodontia. We may know ever so much in theory, but unless we can carry it out in practice, our standing before the people whom we serve is nothing. The greatest problems we have are connected with the practical.

**Problems of
Early
Treatment.** In two or three instances, which the President has noted, the tendency toward the treatment of young children (which is now so efficiently done) is brought to us through a theoretical understanding, but where would we be if we could not carry that out in

practice? Our success comes, secondarily, through being able to do the work. What does it matter to a person bringing you a young patient, what you know of the patient, the needs of the work or the desirability of it, if you cannot do it? The treatment of young children depends upon the use of appliances: what we can do for older patients with a certain appliance may not be done for the child. Appliances must be different, and must be differently handled. We have the constitution of a child; the appreciation which he may or may not have of our efforts; the ability to withstand the annoyance and slight irritation of appliances; we have all these to consider. No parent will bring a child to you to treat if you so conduct your treatment as to interfere with his education, nutrition, or development, which probably ten or fifteen years ago would have been done necessarily. Now our success in this direction depends largely on our study of the mechanics of orthodontia, and I will say again, I hope we have reached a time when we need no apology for the mechanical side of our profession.

**Treatment of
Adults.** In the treatment of older patients, there again I will say, what we accomplish for older patients has a great deal to do with our mechanics. The problem which Doctor Gray stated, I think has been very well stated. The most desirable patients are not the older patients. We will all agree with that, I think. There is a certain age at which it is most satisfactory to treat patients, and we all like to have them at that age, but

ITEMS OF INTEREST

yet it seems to me that it is our duty not to neglect that which may be done for older patients. There are certainly some things that can be done to advantage. There are certain limitations we must understand, which have not been fully worked out. There is a great field for work in that direction. I have had some experience in the treatment of older cases. Some have been successful and well worth while; and some have not. I would welcome a further study of the limitations of that work.

Prophylaxis.

In regard to the question of prophylaxis, and of the injury to the teeth of patients under treatment, we have had considerable discussion of that matter in our meetings in the past, and we need a great deal of discussion in the future. I have no doubt in my mind but that orthodontia appliances may tend to injure the teeth of patients. I am reminded of a statement that I heard from an experienced anesthetist a few weeks ago, in regard to one of the safest anesthetics known. He says: "You can kill patients with any anesthetic in the world," and you can injure the teeth of patients with any appliances you put in the mouth, no doubt; but with the careful treatment which we should use there is probably no danger. Yet we need more study in that direction. We need to know better what is necessary to do to care for this phase of the work.

In regard to the future of orthodontia, it seems to me that in almost every direction that we look, we have just begun. I do not know when I have been as enthusiastic in regard to the unsolved problems of orthodontia as I am to-day. I am less in the attitude of thinking the appliances are anything near perfect. I think that I never was more enthusiastic than to-day in regard to what we can do in the future. We have done a great deal. As the President has reminded us, there are certain things well established to-day that were not established ten years ago. We are sending out, probably at a low estimate, eighteen hundred to two thousand patients in this country annually who have been well treated. That is a tremendous missionary force, and I am seeing, month after month, its effect among people who come to me in various ways; and the knowledge of our work as specialists is growing rapidly among the people, and we will go on from year to year, adding to this immense missionary force, and I think we should all be enthusiastic over the prospect.

In this excellent address just given by our good friend and president a number of things are mentioned that are forcibly impressed, I believe, upon the minds of every thinking orthodontist as he advances in experience.

One in particular: The early treatment of dental irregularities, or what might be termed preventive orthodontia. While this all-important subject has been given some attention from members of this society, it

has not, however, received that consideration to which it is entitled, and which we as members of a progressive scientific body should give it. I fear the trend has been too much toward the invention of appliances to correct and retain progressed or completed cases. Many possess merit, I admit; many others, however, are altogether impractical and unhygienic.

In the construction of appliances simplicity as well as efficiency should always be considered, for in orthodontic treatment one is just as important as the other.

When I think of those little children of tender age that I have been fortunate to have had as patients, in whom every indication pointed toward a malocclusion of an extreme type, with the possible development of features painful to look upon, greatly handicapped in the struggle for existence, as thousands are now afflicted, and I now see what nature, after a comparatively short period of treatment, is accomplishing, I cannot help but loudly proclaim, whenever the opportunity presents itself, the great benefits to be derived by early intervention. When one studies the teeth and adjacent tissues from an histological standpoint, the positions which the developing permanent teeth occupy before eruption, and their relation or close approximation to the deciduous teeth, coupled with the etiology of malocclusion, he can come to but one conclusion, and that is, that the time to begin treatment of dental irregularities is before the eruption of the permanent teeth.

Again, mechanical force intelligently applied to the deciduous teeth at this period seems to stimulate nature to renewed energy in her development along normal lines. Simple appliances for treatment can be used, and the result more simply retained, which means the minimizing of the danger of caries. I believe it can be safely predicted that in ten years hence there will be few if any cases of malocclusion of the teeth to be treated after the eighteenth year of age.

In reference to prophylaxis, that is a source of worryment, I believe, to all conscientious orthodontists. It is no small task to be ever watchful of the careless boy or girl, especially when the parent is inclined to be lax in discipline as to oral hygiene.

I do not believe the time will ever come when we will be able to entirely prevent the disintegration of tooth structure in all of our cases, regardless of all due vigilance on the part of the operator or patient, or whether noble or base metal constitutes the material from which the appliances may be made. I have seen cases where the greatest care, down to the minutest detail had been given, yet disintegration occurred, and

ITEMS OF INTEREST

apparently over night. We can, however, as the essayist states, minimize the danger of such occurrences, as, for instance: In the employment of simple and effective appliances; beginning treatment at a very early age, and the charging of such fees as will warrant the employment of a skilled assistant, as has been mentioned by others at previous meetings of this society. While we should be ever watchful to prevent disintegrations if possible, yet where it does occur in a small degree, in those cases where the treatment is of great benefit to the health and facial outlines, it should in no way reflect upon the operator, nor be considered a reason for deferring treatment of like cases, and should not be too severely criticised by the dentists, as they occasionally live in glass houses and should not throw stones.

Treatment of Adults.

In reference to adult cases, I assume the essayist refers to those after the eighteenth or twentieth year. There are a great many things, of course, to be considered in these mature cases before treatment should be undertaken, but just what conditions will permit of treatment with satisfactory results is a problem that, for the present, must be left to the orthodontist, his ability to judge in a given case depending upon the amount of practical experience which he has had. We will, however, I believe, in a few more years, be able to obtain from carefully kept records, from the members of this society, much of value bearing directly upon this subject. I will state that in a large percentage of those cases where there are teeth missing, and they can be replaced by artificial means, we can feel assured of a reasonable amount of success, providing, of course, the artificial substitutes are properly constructed, and there is not the extreme contracted arches calling for a great deal of expansion. Again, in those cases coming under Class I., where there is little root movement to be made, and retainers can be worn for several years, we will be safe in undertaking the treatment. However, we cannot expect bone development, at least to any appreciable extent, and the extent of improvement in the facial lines will be only as the crowns of the malposed teeth affect the facial muscles independent of bone development.

The prophylactic point of view has been one of considerable interest to me. So far as its being a solved problem is concerned, that is a good way off.

Dr. Henry C. Ferris.
(New York.)

In my experience with the method presented by me to this society a few years ago the use of potassium iodide solution has proven very satisfactory. In my work in New York I eliminated its use as an experiment, to make a note of the general effects on all the cases treated. I found there were marked indications of acid erosion in a number of instances, under what I would consider a little more than

ordinary care of the mouth, using the mouth washes on the market to-day. The alcohol bases and alkaline bases were used in my New York office, and I noticed this spring several etched surfaces on cuspids, and some on molars, where bands had been set with cement. In some instances those bands were of precious metal, and in others of the base metals. In my Brooklyn office I have not noted any such action after carrying out the technique which I presented to this society a few years ago. The practical illustration came to me without previous thought—that is, beyond the fact that I carried out this method for comparison. There was a marked difference in these mouths. The reason for it is hard to explain, except from the standpoint of the use of the iodide of potassium, as its effects on the mucosa are marked. For instance, the iodide of potassium will produce a reflex action on the saliva for three days. If you spray your own mouth with the solution as recommended you will note in the mouth a metallic taste for three days. This taste, of course, abnormal, and yet the reflex action on the mucosa is marked, and you can set up mechanically a condition which may act beneficially on the whole mucous membrane. That is only a thought, and it has not been proven.

I believe Dr. Gray's address has covered the subject very beautifully, and I think he has touched upon some most vital points for our consideration.

Retention.

There is one point with reference to retention, of which Dr. Hawley has spoken, and which I believe needs another direction of thought, and that is, when retaining deciduous teeth, we must take into consideration the histological growth taking place in that region. I have noted with great pleasure the fact that I can retain teeth at certain ages without retaining appliances, to the great benefit of the patient, and I am retaining more teeth by *not retaining* them than I ever did before in all my experience. For example: I correct a case at ten or eleven years of age, Class II., Division I.; treat it until the bicuspid lock normally and let the case go. Then I take it up after three months and watch it again. Sometimes there is a tendency to drift distally and I treat it again, but the results are fifty per cent. better than I ever have secured by mechanical retention.

We must remember the fact that the skull is growing downward and forward, and that we are working with—or should work with—the growth, and not retard growth by any mechanical retention. When retainers are used there should be movable connections wherever our contacts are made. That is the underlying principle which is actuating my procedure. I thank you, gentlemen.

ITEMS OF INTEREST

Mr. Chairman:—I have enjoyed this most excellent address, but have little to say except to compliment our president. There is one point of which he speaks, namely, the remote period when malocclusion was first noted, the records going back twenty-five centuries, and of course these records were of civilized people and not of savages. To-day malocclusion in savage races is uncommon. With the civilized races, pathological factors, such as adenoids, mouth breathing, etc., help to cause malocclusion; but it seems to me that it is largely due to lack of normal function or use of the teeth. Civilized man does not use his teeth as much as he should, and therefore he suffers from malocclusion, caries and other dental ills.

Prophylaxis. Prophylaxis is very, very important. For a number of years I paid a great deal of attention to prophylaxis, combining its practice with that of orthodontia, but I gave it up two and a half years ago, turning that part of my practice over to Dr. Hamm, who is now associated with me. We must take care of these little patients and keep their mouths clean while they are undergoing orthodontic treatment. The parents sometimes ask if the teeth will not decay with the appliances in the mouth. My answer is that the child's mouth is usually not as clean as it should be, and while the presence of the appliances might afford lodging-places for additional food *débris*, and so tend to dental decay, yet during treatment the orthodontist pays close attention to prophylaxis, and the child also pays more attention to the cleaning of his teeth than before, so that there is really less likelihood of decay than ever before in the child's life. This usually satisfies the parents.

Treatment of Children. I also note Dr. Hawley's statement that children years ago suffered from orthodontic treatment so that they were not as well as they were before the appliances were placed in the mouth. To-day I think it is the experience of men who have been practicing orthodontia a number of years, or who have acquired the skill and judgment to treat these little patients painlessly, that these children will usually grow and increase in weight faster than could be expected during our treatment. This is partly because we impress on the parents the fact that the child must live a hygienic life as nearly as possible; that it must have good food and keep regular hours. Some of my little patients delight in telling me they were out to a party, or to a dance until a late hour, because they know I do not approve of it. The majority of mothers are sensible, and where they see that you are striving for the child's well-being, they will co-operate with you, with the result that the child improves in health and is kept up to par or above par instead of being pulled down by the orthodontic treatment.

ORTHODONTIA

Treatment of Adults.

As to mature cases, I at first treated a good many of these and the experience was invaluable to me, because it taxed my patience and ingenuity to the utmost. In regard to the retention of these cases, I think one or two partly relapsed, but in most, permanent retention was used on some of the teeth, just as in a bad pyorrhea case. Nowadays I treat but few adults, for I find that with a practice full of children a greater percentage of benefit may be enjoyed by a larger number of people.

Dr. H. A. Pullen. Prophylaxis.

On the subject of prophylaxis I wish to state that I have had the same experience as the rest of you in trying to ward off some of the troubles that our little patients have as a result of not taking care of the mouth, and once in a while we will note a little disintegration, or white decay of the enamel. I do not think it is due to our appliances, but rather to the patient's neglect to take care of the mouth in the home. Especially in those cases which we only see once each week do we need to be watchful, for, as one gentleman has stated, a great deal of harm can occur over night through acid disintegration, etc. I think there are certain portions of the mouth or parts of the dental arches which are more prone to this disintegration than others, and of these portions those most prone to this disintegration from this acid or chemical disturbance are the labial surfaces of the lower incisors; next to those, perhaps the labial surfaces of the upper incisors, and next in order the buccal surfaces of the bicuspid or the molars, and finally the lingual surfaces of all of the teeth, and possibly to some extent the approximal surfaces of the teeth. With these facts in mind, would it not seem reasonable to give the greatest attention to the surfaces most prone to such disintegration? For that reason I have made it a practice in the last year or two to make bands in very young cases—say between the ages of six and nine or ten—to fit the four lower incisors, following the contour of the gum-line so that there was no possibility of the food collecting next to the enamel surfaces of those teeth, and my experience has been such that I am much gratified with this method, and I do not feel at this time that I would like to change it.

In any cases where I have fear of enamel disintegration I put on that form of band on the four lower incisors, and sometimes on the two upper central incisors, pinching the bands on the labial surfaces, and leaving a little groove or wedge-shaped opening for carrying the arch and supporting the same.

I would bring forward another point, and that is with reference to the use of silver nitrate in the mouth. It has been stated that this drug

ITEMS OF INTEREST

will prevent this acid disintegration, and I am convinced from my own experience that this is absolutely true. Objections have been made as to the use of silver nitrate, because of the dangerous character of the drug. Now, there is apparently only one bad result from its use, and that is the discoloration of the enamel and dentine. The question resolves itself into one of how we can remove this stain. There is only one satisfactory method, and that is by the use of potassium cyanide. I have always been afraid to use it, but it will completely remove these stains, and very deep ones, too. I advise its use with a great deal of caution.

Treatment of Adults.

With regard to treatment of mature cases, I have succeeded in establishing some very beautiful results for patients as old as forty-four, but most of these cases required more or less permanent retention, especially Class III. cases.

I wish to compliment the president on his splendid address, and thank you for your consideration.

Dr. Gray.

I was pleased to hear Dr. Hawley emphasize the mechanical side of our work. Appliances *are* important, and while a skilled man may successfully use an inferior appliance, in the end it is the efficient appliance, skillfully managed, that produces the best results.

I was rather expecting that some of the gentlemen who discussed my address would tell me that the treatment of mature cases of malocclusion is usually if not always contra-indicated. But they have not done so, and I therefore believe that they agree with my opinion, that in selected cases at least, a great deal of success may follow skillful treatment and retention, and I would emphasize "retention" in this connection.

We owe a good deal to Dr. Ferris for certain efficient prophylactic measures which he has presented to this society in the past, and in the use of which he meets with so much success. It is worth our while to profit from his varied experience. His point as to the over-retention of the cases of young children is interesting, and I believe he is correct.

Dr. Ketcham believes that in treating the average case there is really less likelihood of decay than ever before in the child's life, because of the added attention paid to prophylaxis during the treatment. That is very good and is in accord with my belief, as I think I indicated in the address. It is a good argument to present to those parents who may have some question as to the health of the teeth during our treatment of cases.

Dr. Dunn and Dr. Pullen have each touched upon vital points, but I will not take the time to make further comments. I am gratified because of the liberal discussion of my address.



Address of the President of the National Association of Dental Examiners.

By J. J. WRIGHT, D.D.S., Milwaukee Meeting.
Delivered before the Association at Denver, Colo., July, 1910.

To the National Association of Dental Examiners:

GENTLEMEN:—It was in 1883, at the Cataract House in Niagara Falls, that this organization was first called together and presided over by President Jonathan Taft. To-day, twenty-seven years later, finds us assembled in a territory new to the traditions of this Association. Our national dental organizations have for a generation hovered around the East, South and Middle West, and it is but natural that the development of this section of the United States should claim its share of the meetings held by these factors in the interest of dental advancement.

To the Denver dentists who have so kindly assisted in arranging for this meeting, this Association expresses its grateful appreciation.

The time intervening since we last met has been crowded with incidents of moment.

In view of the difficulties encountered in fixing the date of this meeting I would suggest that the date of future meetings be decided upon before adjournment.

In order to avoid unnecessary expense it has been deemed advisable to obtain the services of a stenographer already on the ground.

The Annual Report was somewhat belated in publication. Toward the last of January, upon consulting with the chairman of the Publication Committee, I found that nothing had been done about printing the

ITEMS OF INTEREST

proceedings. The chairman was in poor health, and uncertain about his reappointment on the board, and under these conditions was unwilling to attend to the publication of the report. With his consent, I took the manuscript and had it published as soon as possible.

One very important subject for your consideration is the disposition of the Joint Tabulating Committee.

Work of the Tabulating Committee.

At Asbury Park, in 1895, the following resolution was adopted:

"Resolved, That it be required of the secretaries of the several State Boards represented in the National Association of Examiners that they make yearly reports of the number of applicants presenting themselves for examination; the number of those who pass and are licensed; number who are rejected, and number of graduates. Also those who require more than one examination; and such other data as may be of interest statistically or otherwise to this body."

This created the original tabulating committee. For a long time the committee worked faithfully systematizing the compiling of these records, and after a number of years enough returns were compiled to give a very fair and just estimate of the value of the work being done by the colleges. The further the work was pursued the more concerned the Faculties Association became about its results, until finally, when the reports were complete enough to publish, their concern developed into a consternation. At first they threatened to pursue a course of litigation to prevent these reports from becoming public; then they devised a much more clever scheme to accomplish this end by offering to form a joint committee, holding out as an inducement that they could be of much assistance in completing the records of tabulation, and that they were willing to share two-thirds of the expense incurred. Hence, in 1907, at the meeting held in Minneapolis, the following resolution was adopted creating the Joint Committee on Tabulation:

Joint Standing Committee on Tabulation.

"Ordered, That the president of this Association be and he is hereby authorized and empowered to appoint a committee of three members to act with a like committee on the part of the National Association of Dental Faculties. This joint standing committee shall be known as the Joint Standing Committee on Tabulation. It shall be the duty of this joint committee to obtain official information from the deans of the various dental colleges of this country, and also from the various secretaries of the State Examining Boards as well, as aiding in making an accurate and efficient accounting of all the graduates in dentistry in any given year and their standing, and the results of their final examination before State Boards.

"And be it further ordered, That this joint committee be authorized

to employ such clerical help as will facilitate the work, and that this organization make an appropriation to defray such share of expenses as shall be mutually agreed upon between the organizations."

At this time it might be interesting to quote from the last report of Dr. Irwin, made before the joint committee was formed. He says:

"The originator of the plan of tabulation, we have been assured, is our worthy president, George E. Mitchell, who cannot help but look with pride upon the growth and sphere of enlarged usefulness which the work of the Tabulating Committee has developed. Its first advocate, our indefatigable secretary, Dr. Charles A. Meeker, who perfected the original plan, can see with great hope the ultimate fulfilment of his most sanguine expectations. Why? Because we can to-day present for your inspection the tabulation of over six thousand examinations, held during the last four years by the various State Boards in the country. Tabulation is no longer an experiment—it has accomplished certain definite results and is destined to do still greater things. Whereas the annual reports of secretaries of Dental Examining Boards formerly presented numerous facts, two of which could be picked out to contradict each other, and prove a conclusion of the N. A. D. E. false, we now have a tangible basis on which to form logical conclusions, in the percentage of graduates from each college who pass the Dental Examiners and the detailed information in regard to each applicant for a license to practice dentistry. Formerly the annual report of one secretary could be used by a skillful debater against the report of another State to defeat measures of acknowledged utility. Now we have a systematic collection of facts and figures to substantiate our conclusions, and these conclusions can be logically adopted and fearlessly carried into effect by the State Boards of Dental Examiners. Formerly we received only a few annual reports from the more ambitious or conscientious secretaries. Now we receive thirty-six reports made out in a careful and systematic manner, covering all subjects of interest to dental examiners. Heretofore we had two imperfect methods of gauging the status of dental institutions, namely:

"1st. The preliminary educational requirements for entrance into a dental college.

"2nd. The advertised curriculum of the dental college; the reputed ability of the faculty, demonstrators and mechanical corps for imparting instruction to students.

"But now we have the third method, which is the best one of all—tabulation of the results of the examinations of college graduates by dental examiners. Through this method we judge the college by its product. If a college graduates well-qualified dentists, we ascertain this fact by tabulation. 'Wherefore by their fruits ye shall know them.'

ITEMS OF INTEREST

Why should not a good dental college be known by the good dentists which it graduates?"

The above, in comparison with Dr. Irwin's report at this meeting, will give you some idea of how unsuccessfully this joint tabulating scheme has worked. At the present time the work of the Joint Tabulating Committee is in a chaotic condition, and I prophesy that it will remain so until we go back to our original scheme of tabulation. What this Association needed when this Joint Tabulating Committee was formed was an independent backbone, not a joint. All the fair promises which the faculties made have availed us nothing. Dr. Irwin will inform you that their assistance in financing the tabulation has been both reluctantly and grudgingly given, and at times amounted to almost a protest. In the matter of tabulation they have succeeded in putting us at sea.

Last winter I had a conversation with the chairman of the faculties members of this committee, and he frankly said that the faculties were on the Tabulating Committee for their own protection. He accused the chairman of our Tabulating Committee of incompetence, of undue extravagance in money matters, and otherwise discountenanced the work of a man who has done more honest, hard work for this Association than any one ever appointed on a committee.

The faculties are on this committee for their own protection—*from what?* Do they need protection against the truth which these tabulations show or do they accuse us of being dishonest in the compiling of these statistics? Perhaps these questions may sound severe to some who are unacquainted with the many details of this work, but nevertheless it is the unvarnished truth, and the sooner this Association realizes that it must cope with the situation as it really is, the quicker it will place itself in a position to progress. As to the charge of incompetence, any man who has sat in this body for years and heard the reports of Dr. Irwin, the manner in which they were compiled, the thought, labor and skill they evinced, must be convinced of the fallacy of such a charge. As to his extravagance in financing the committee, it has always been the marvel of the members of this Association how he could accomplish so much with the funds available.

Gentlemen, is it not time to be aroused to the seriousness of this situation, and to politely but firmly refuse to have the faculties dominate this committee? This work is the distinct product of the various State Boards and the N. A. D. E., and no other element should be allowed to exert an influence upon it. Many members of this Association in the past have tolerated this situation, hoping that good might ultimately result, so that this dilemma has settled upon us like a sleeping sickness, which must be shaken off. I therefore recommend that the Joint Committee on

Tabulation be *discontinued*, and that this Association return to its original form of tabulation.

**Preliminary
Educational
Requirements.**

For many years there was a struggle between this Association and the faculties to reach a proper standard of preliminary education qualification. The stand taken by the examiners to have high school graduation the standard was finally reached. The question now arises, how well are the colleges, in testing preliminary education, maintaining this standard?

In the State of Wisconsin the Board does not claim to dictate to the colleges what preliminary education shall be required for entrance to a dental college, but has the authority, when the candidates come up for examination, to demand their preliminary educational credentials, and if there are no such credentials, or if they are found to be incomplete, the Board is by law authorized to satisfy itself by examination that these men have made the necessary credits to graduate them from a four years' high school course. So that it is not only to the advantage of the college that its students' preliminary qualifications be correct, but the student himself would hardly be willing to take the chance of completing a three years' dental course and then be ineligible to take an examination for license to practice.

The examiner on preliminary education for the State of Wisconsin has not been over strict in his entrance examinations, and yet he has found many candidates who were so ill prepared that he could not, with any sense of justice, admit them to a college. As soon as these men failed to pass his examinations they have gone to Chicago and without any trouble have gained admission to colleges there, and after graduation have returned to our State and taken the Board examinations.

The Wisconsin law provides that after 1911 all candidates from outside the State must show their preliminary educational credentials before being admitted for examination, and have them verified by the State Examiner on preliminary education. How well this law will work out remains to be tested. It may be that Wisconsin colleges can use this as a leverage to gain students, by being lenient with their own preliminary examinations and rigidly enforcing the law on outsiders.

In this day of free schools, any young man of proper ambition can secure a high school education, so that for even the boy in limited circumstances this standard is not too high. Therefore, I would recommend that this Association take some action instructing the various State Boards to see that the proper standard of preliminary education is maintained by the colleges.

It has been a number of years since the Standard Rules and Regula-



tions have been revised. Upon investigation it will be seen that such revision is needed, and I therefore recommend that the Standing Rules and Regulations of this Association be revised.

In conclusion, gentlemen, there never was a time in the history of this Association when there was more need for hearty co-operation among the members, in defending the primary principles upon which this organization was founded, than at present. If you are to allow your rights as examiners to be infringed upon or usurped, your days of usefulness to the dental profession are numbered.

No greater force in an advisory way can culminate than that which you already possess, and it is hoped that it will continue to exert a wholesome influence upon the profession from generation to generation.

President's Address.

By C. H. DILTS, D.D.S., Trenton, N. J.

Read before the New Jersey State Dental Society, July, 1910.

With much pleasure and pride, acting as your executive officer this day, do I extend a most cordial welcome to all who attend our fortieth annual meeting.

Some of our visitors have made sacrifices in coming to our convention, instead of going to the National meeting which is now in session in the city of Denver. I would thank all for their presence, and would extend to them the courtesies of the floor.

Our Society was launched in the historic town of Trenton forty years ago in October. With great pride can we point to her past record. It is my earnest hope that we may have one or more with us to-day of those who were present upon that occasion.

I desire to call your attention to the typographical beauty of our elaborate programme. It is larger and more complete than any I have seen published by other State Societies. The essays, the two days of clinics and the long list of exhibits will make our meeting rival the National.

I take this opportunity to thank the various chairmen and their colleagues of the several committees, for their loyal support. A glance at our programme will plainly show that a deal of hard work has been done in preparation for this convention. Your President feels very grateful to all who have assisted and who shall assist in making this the best and most important meeting of any that we have had.

Certain events have transpired since our last annual meeting that are well worthy of note. There is now shown greatly increased interest in

the subject of the examination of children's teeth in the public schools, and free public clinics have now become a reality.

**Care of the
Teeth of School
Children.**

About fifteen years ago agitation for the necessity of examination of children's teeth in the public schools was started. Ten years ago one of our members read a paper upon this subject before one of the local societies. Well do I remember the discussions in this Society, and the very apt remarks of some of those who participated. It was asserted that examinations amounted to little if not followed up by the performance of the operations needed, which was practically impossible in cases of poor children. To-day, in some of our cities, we are in a position to supply this need, and I hope that in all cities will the free public clinic soon become established.

The public school authorities throughout our State are seeing the very satisfactory results of compulsory medical examinations, and will soon demand equally competent dental examinations, which can be thoroughly made only by those especially prepared for this work.

A great forward movement was accomplished last April when Governor Fort signed the bill which authorized any city to appropriate annually the sum of \$1,000 for the maintenance of dental clinics by incorporated dental societies, for the free treatment of indigent persons. Much credit is due those who helped to secure the passage of this important measure.

During the progress of this convention we shall have the pleasure of seeing in operation an ideal free dental clinic. We have secured the services of Dr. Thomas E. Weeks, of Philadelphia, and his assistants, and they will have charge of this very interesting feature of our programme. I wish to thank Dr. Weeks for the kindly interest which he has taken and for the services which he will render.

I desire to urge the faithful following up of the work started by the free dental clinics. I can appreciate how difficult it is for those in charge to keep men together and always to have some one present at certain stated times. We must show the public the real interest we have in this work of benevolence, if we expect renewed and larger appropriations of money for this purpose, and eventually have city dentists as we now have city physicians.

Personally, I believe that dental clinics should be located at the hospitals. There should be dental clinics at these magnificent charitable institutions, just as there are medical and surgical clinics, and the municipality and county should help to maintain them. I believe young men could be obtained from the various colleges immediately following their graduation. Many would be glad to give their time for six months or a year at a small salary. Here they could obtain a broader clinical knowl-

ITEMS OF INTEREST

edge and thus be better prepared to start out upon their real life work.

In this line of thought I would suggest that this society pass a resolution of approbation, and transmit it to Mr. Forsythe, of Boston, for his work in promoting the Forsythe Foundation.

Dentistry a Specialty of Medicine.

The good old State of Virginia has taken the most advanced position in dental education. Her new dental law recognizes dentistry as a specialty of medicine. After 1914 all who desire to take an examination to practice dentistry in that State, must have a medical degree. I sincerely hope that the time is not many years distant when our profession shall be raised to this high standard in all the States of the Union. Cannot we have it now in New Jersey?

State Board of Examiners.

Our State Board of Registration and Examination has performed its duties with credit during the past year. Upon the members of this Board we depend to keep our State free from the unscrupulous and undeserving, and thus to protect the public and ourselves. They are to be congratulated upon the successful prosecution of the case against Dr. Geo. B. Saxenmeyer, who has wilfully attempted to practice without complying with the law.

On account of the large amount of money required to carry on litigation, I would recommend that our Society appropriate this year the sum of \$500 for the use of the State Board for the prosecution of violators of the dental law.

Preliminary Educational Requirements.

We should be ashamed of the fact that the preliminary educational requirements are lower in New Jersey than any other State in the Union; therefore, I would recommend that our legislative committee be instructed to use its best efforts to have our dental laws amended as follows: Under the head of "Examinations," Section 3, strike out the words, "that furnished by the common schools of the State," and substitute "that furnished by a four years' course in a high school, or the equivalent. A high school course should consist of at least 72 academic counts. These counts should be reckoned in accordance with the number of recitations per week of a school year of at least 38 weeks, and the recitation period should average at least 40 minutes.

"A count or unit is a daily recitation for one year. At least 64 counts should be in what are known as the study subjects in comparison with the practice subjects; for instance, such subjects as mathematics, sciences, language, etc., in comparison with drawing, singing and physical exercises."

Also strike out the following clause of the same section: "Or shall

present the written recommendation of at least five licensed dentists of this State, of five years' standing, certifying that he is qualified for such examination." With all due respect to those who in the past have been licensed by the State Board, I firmly believe the time has arrived when the Board should accept only candidates holding a degree from a reputable institution.

We cannot hope to have laws entirely uniform in the various States, but we should have harmonious standards in our requirements for preliminary education. Let us place ourselves in such a position that we can obtain reciprocity with our bordering States, New York and Pennsylvania.

Our State Society is sadly deficient in membership. The advantages of membership have been well advocated by local societies and by Dr. Meeker and his staff in that very creditable local journal, "The Scrap Book." The exclusion from the convention of all in the State except members, prospective members and students, has not given us the growth we need. I believe that a reorganization following the lines of the plan in use in the State of Illinois, is what we need. New Jersey can well afford to copy the good things of a neighboring State. I know that we are a peculiar people, and we are proud of it, but let us have a better Society organization. Let it be strictly New Jersey, but one which will include all the members of our local societies as members of our State Society.

We want the younger men to take a more lively interest in the affairs of the Society. Especially do we need those who are willing to take part in the discussions. There are none of us but could ask some questions or bring out good points, and possibly cause debate.

The New Jersey Society is the first to start a fund for the relief of its indigent members. I would recommend that we contribute liberally to this commendable cause. The one dollar per year that we will secure for this fund by the increase in our annual dues may seem sufficient. Even though we may not need all the money for immediate use, we know not how soon the calls upon this fund may be most necessary and urgent.

Fund for the Indigent.

Time of Meeting.

I would recommend that Article VII of Section I of our by-laws be amended so that our annual meeting shall commence on the first Wednesday after July 4th, at 10 A. M.

Ethics.

From personal experience, I do not hesitate to call attention to the fact that there is opportunity for activity on the part of the Ethics Committee. The Committee appointed by resolution in 1908 to procure certificates of

ITEMS OF INTEREST

membership have completed their work. They are ready to deliver one to every member in good standing. These certificates are unique from the fact that they represent both the State Society and the State Board of Registration and Examination.

Place of Meeting.

Last year over 1,100 members of our profession registered at the Convention. This did not include the exhibitors and our wives and sweethearts. It has been estimated in round figures that we leave about \$20,000 in the city in which we meet. Should these facts be more thoroughly known, our convention would be sought by many active summer resorts.

I would recommend that the Executive Committee secure some place of meeting hereafter other than Asbury Park, unless the authorities of this city can offer a more suitable place. For the past three years the members of the Executive Committee have been sorely vexed by the problem of a suitable building for our sessions in Asbury Park, and this building, as all must agree, falls far short of our requirements.

During the year two of our members have passed to the Great Beyond.

Dr. James G. Palmer was very active in the early years of our Society. He was President in 1882, and at one time a member of the State Board of Registration and Examination.

We will also miss Dr. Solomon Freeman. He was a regular attendant, and even though physically a great sufferer, he always had a smile and a pleasant word for those whom he knew.

In conclusion, I would most sincerely thank the members of our Society for the many courtesies which have been extended to me, and for the honor which has been conferred upon me. Let me say that when I vacate this high position, I have no desire to join the ranks of those who retire from active service; whatever of knowledge or experience I may have gathered is always at the disposal of the New Jersey State Dental Society.

The Relation of Dentistry to the Tuberculosis Crusade.

By DAVID RUSSELL LYMAN, M.D., Wallingford, Conn.

Read before the New Jersey State Dental Society, Asbury Park, N. J., July, 1910.

The story of the world's progress, replete as it is with great achievements, presents no study more interesting, nor any which exhibits so marked an advance, as does that of the history of medicine in the last three decades. Looking back over these years, one is struck with the fact

that to no one individual among the many great men who have left their imprint upon the world's development, does the human race owe so great and so lasting a debt as to Louis Pasteur, the French chemist, who demonstrated the existence of those minute vegetable organisms, the bacteria, or, as they are so commonly known—the germs. Not only did he demonstrate their existence, but in certain instances proved conclusively their rôle in the causation of disease, and showed how, through measures directed against their growth, these diseases could be both cured, and, better still, prevented.

The discovery of the bacterial origin of many transmissible diseases has revolutionized the theory and the practice of medicine, and a brief review of modern medical literature reveals a story of results attained which reads more like fiction than a series of facts. Diphtheria was before that time one of the most dreaded scourges. Of 183,000 cases treated in 150 cities prior to the discovery of antitoxin, the mortality was 9.8 per cent. Yellow fever had but to make its appearance in any locality and panic straightway reigned supreme. The French were forced to abandon the canal because of it; and Havana was shunned in the hot months as a city of pestilence. Now the health records of Havana compare with those of any city of our Atlantic Seaboard, and Americans permanently employed at the Isthmus do not hesitate to take their wives and children there with them. The Plague, "The Black Death," that in one year carried off 70,000 people in the city of London, has been present in San Francisco for the past three years. Not only has it been kept thoroughly under control, and is in sure process of eradication, but in marked contrast to ancient history, its presence has hardly been known of by the majority of the people. Malaria is no longer dreaded. Towns—whole regions of which were formerly almost uninhabitable, now openly boast of their healthful climates. Epidemic meningitis, or "spotted fever," has been added to the list through the researches of the Rockefeller Institute in New York, and Professor Robert Koch has solved the mystery of the Scourge of Africa—the Sleeping-Sickness.

It reads, as I said before, more like fiction than a relation of facts, and I have not as yet mentioned the greatest scourge of all, and the one in which the advance has been relatively greatest—Tuberculosis, or The Great White Plague. I say the advance has been "relatively" greatest. As yet we have no curative remedy equal to the diphtheria antitoxin, or the serum for meningitis; nor have we, as in yellow fever or malaria, practically eradicated this disease from any locality. Dealing with a disease not like the others mentioned, appearing in great epidemics, or confined to certain localities, but a scourge afflicting to a greater or lesser degree one-third to one-half the population of the earth, we have not only

ITEMS OF INTEREST

shown it to be the most curable of all the chronic diseases, but one which is absolutely preventable as well; and in the world-wide movement looking towards its eradication, we have reached a degree of organization and of co-operation among people of all classes and professions which has no parallel in history. We are not only controlling tuberculosis, but working from above downward; with that as a common incentive we are laying the foundation for a general upbuilding of the health and happiness of the human race.

Before taking up the consideration of the relation of the practice of dentistry to the crusade against tuberculosis, let us briefly review the history of the battle which mankind has for many centuries waged against this greatest of all scourges. The study is an interesting one.

History of the Battle with Tuberculosis.

Tuberculosis, as a disease, was known as far back as the history of medicine traces. Hippocrates, the father of medicine, describes it with remarkable clearness, and the title of one of the lost books of Democritus, "On Those Attacked with a Cough After Illness," would indicate its recognition even before his time. For at least 2,000 years after its definite recognition, the history of its treatment is one of constantly renewed failure, and of work in the dark against an unknown foe. Some of the essentials of its modern treatment have long been known and practiced; in fact, soon after the Christian era, the Roman physician, Celsus, recommended sea voyages, change of climate, and a milk diet. The danger of habitual residence with consumptives was noted as early as the fourteenth century, and Richard Morton, writing in 1689, calls attention to its prevalence and the dangers of contagion in these words: "Yea, when I consider with myself how often in one year there is cause enough ministered for producing these swellings, even to those who are wont to observe the strictest rule of living, I cannot sufficiently admire that any one, at least after he comes to the flower of his youth, can die without a touch of consumption."

The study of anatomy led to the recognition of the characteristic tubercles, the typical inflammatory nodules from which the name "tuberculosis" is derived, and the pathology of the disease was well understood early in the nineteenth century. In 1843, Dr. George Bodington, in England, founded the first sanatorium. He received a few patients into his own house, treated them with a fair degree of success, and called attention to the value of rest, air, and food, in the cure of consumption. He was held to be probably insane. Brehmer and Dettweiler in Germany, and Trudeau in America, met with better success, and by their wonderful work had proved the value of sanatorium treatment before Koch, of Berlin, studying tuberculosis in the light of the knowledge of the bacterial king-

dom given to the world by Pasteur, announced in 1882 that the cause of consumption was a certain one of these minute plant species, to which he gave the name of "bacillus tuberculosis," or the tubercle bacillus. His mode of proof left no room for doubt. He had obtained from the tissue of an animal dying with consumption, a culture or growth of these germs; he had grown these in his laboratory in "pure culture"; *i.e.*, free from any accompanying germ or growth. He had inoculated these into a healthy animal; the animal had developed consumption, and died of it, and he had recovered from the typical tubercles in its body these same little germs, again in pure culture.

Causes of Tuberculosis.

The cause of consumption was at last known. The little microscopic fungus described by Koch, an organization so small that it required 8,000 and more, placed end to end, to measure an inch, was known to be the cause of the disease whose annual death toll in the United States closely approximated the total of the 155,000 killed and wounded in the four years of the Civil War, and which causes us an economic loss estimated at from \$300,000,000 all the way to \$1,000,000,000 a year—the latter stupendous figure being the estimate of no less an authority than Prof. Irving Fisher, of New Haven, and given in his opinion as a *very* conservative estimate.

With the discovery of the real cause of the disease, the study of tuberculosis was taken up with renewed vigor, and for the past twenty-eight years has been pursued with increasing energy and with an increasing prospect of ultimate success. The work has been along three main lines. First, we have the attempt to discover a cure on the order of the diphtheria antitoxin. The second line of endeavor has been the treatment of curable cases by what is known as the open-air method, the aim here being to help the system effect its own cure by re-establishing the natural resisting powers of the individual, and teaching the patient how to maintain them. The third great division has been the effort to stop the spread of the disease by teaching the means of prevention of such distribution through those already sick; and, what is more important, to establish a great hygienic movement for the bettering of the condition both of the individual and of the home, which will enable the well members of this and succeeding generations to keep themselves free not only from tuberculosis, but from other microbe diseases.

As our researches take us deeper and deeper into the subject, it is becoming more and more evident that to accomplish our end—the final control of consumption—we must direct our energies in the main not towards the discovery of a cure for those afflicted, nor yet toward the prevention of the spread of the disease by them—the importance of these

must not be minimized; but we must emphasize more and more the prime necessity of raising up the future generations of men and women in such a state of high physical development, and under such favorable conditions of environment in their homes and places of employment, as will enable them to maintain their natural powers of resistance at that point where they will not under ordinary conditions become sick.

The Problem of Mixing Races.

In the endeavor to do this there is a field, and a very large one, open to the men of your profession, and you have a part to play in this anti-tuberculosis crusade that can be played by you alone. The problem of humaniculture is an exceedingly complex one, and one which since the days of Greece has received but scant attention. In this country it presents more perplexities than could be found anywhere else in the world, and each incoming steamboat but adds to them. Russian, Pole, Swede, Italian, Hungarian, Greek—from every country of the globe they are coming; and so long as we welcome them, so long do we accept the duty not only of instructing them in our language and customs, and of helping them to become useful citizens, but also of assimilating them in such a manner that the resultant citizen will be a superior physical product to that which we received. We have one great advantage in dealing with this problem, *i. e.*, our public school system. The medical inspection of school children is a subject of tremendous importance. Carried out consistently through each scholastic year, who doubts but that the average child would enter upon the duties of manhood or womanhood far better equipped both mentally and physically than he or she does to-day? It is acknowledged by all that the mental activity of the child is largely dependent upon its physical conditions. I think few can question the relationship of the physical condition to the condition of the teeth and the mouth cavity.

The Rôle of Mastication in Preventing Disease.

We recognize the fact that the development of active tuberculosis, and the recovery from it, are both largely dependent upon the state of the digestion; the power to assimilate the normal quantity and quality of nutriment. Does not this necessitate sound teeth in a healthy mouth? The importance of the care of the teeth in childhood has not received its proper attention as one of the necessary preventive measures against tuberculosis. Some attention has been paid to the possibility of the entry of the bacilli through this route. At the fifth International Congress on tuberculosis, held in Paris in 1905, Dr. Marfan, of Paris, and Heubner, of Berlin, presented a report on "The Preservation of the Infant Against Tuberculosis in Its Family." In this they called attention to the possibilities of the infection entering the system

through carious teeth, through ulceration of the gums, and even at the time of the eruption of the teeth during dentition. They did not, however, take up the subject from the standpoint of general prophylaxis, nor is it even alluded to in any of the recent extensive works on tuberculosis.

**Oral
Prophylaxis.**

The need of oral prophylaxis was strongly presented at the section on Stomatology at the last meeting of the American Medical Association, by Dr. Alphonso Irwin, of Camden, N. J. The extensive statistics quoted by him leave no room for question of the need of this work in our public schools. He quotes of 1,000 pupils examined in Elizabeth, N. J., 76 per cent. had defective teeth; 1,525 children in Ann Arbor, Mich., showed 2,068 carious teeth; 142 cases malocclusion, 3 of Hutchinson's teeth and 7 high V-shaped arches; Butler, Pa., 955 children out of 1,015 needed immediate attention, and so on through quite a list. Dr. Irwin expresses the matter very clearly when he says: "It is through the public schools that we must hope to inculcate the principles of oral prophylaxis. The physical destiny of the child is determined by the seventeenth year, so that the habit of prophylaxis should be indelibly instilled into its mind during this period (5-17 years). It is through the children we must enlighten the public and establish a habit of preserving the mouth and teeth. The strategic value to the profession alone, gained by securing the confidence and co-operation of the children, is a reward well worth striving for. The boy of to-day is the man of to-morrow: the girl of to-day the mother of the future. Therefore, give us the public school children of America and we will enforce sanitation, avert epidemics, starve pestilence, produce a nation of thinkers and workers, possessing sound minds in robust bodies, instead of a race of toothless drones, dyspeptics, hypochondriacs, prospective lunatics and degenerates. Give us the school children and we will solve the most intricate problem in oral economics, establish the cause of practical oral prophylaxis in the mind of the American public forever; popularize dentistry so that it will reach a degree of usefulness hitherto undreamed of, and elevate surgery to the highest pinnacle of fame in the estimation of the public."

Dr. S. Josephine Baker, Chief of the division of Child Hygiene of New York City Department of Health, has dental clinics in operation in two of the public schools of that city, having obtained the funds for their support by private subscriptions. The school records include a card for each child, on one side of which is recorded a class standing for each year of school life; on the reverse is entered the results of the medical and dental examinations and the treatment given. Dr. Baker tells me that when she has these records completed she will be able to present such

ITEMS OF INTEREST

striking proof of the value of oral prophylaxis as to firmly establish it in the public schools of New York City.

Teaching Adults Through Children.

There is another important side of the question of hygienic instruction in the public schools. With our enormous and ever increasing foreign population, where the adults come to us with ideas and habits already formed, it is impossible for us to reach them directly in such a manner as to gain their confidence or convince them of the need of their putting into practice the measures we recommend. They will not heed us unless forced to do so. It has been shown, especially in the tuberculosis work and in the effort to reduce infant mortality through prophylactic measures, that where the doctor and the nurse advise to no avail, the children of the family are listened to when returning from school; they give their parents information and instruction as to the customs of their new country. The New York Department of Health lays great stress on the value of the instruction as to the care of the babies' milk, clothing, and general surroundings, when given to the so-called little mothers of the tenements. I have no doubt that the same would hold true were the children in the schools taught the need and the comfort of the care of the teeth. I believe that in many instances the work done on the child would result in the parents seeking much needed dental treatment.

Effects of Defective Teeth.

How great the need is I am constantly reminded of in my work; a recent case will illustrate: There was a moderate, mild lung involvement with but few active symptoms. The symptoms complained of were chiefly of the digestive tract. The patient had been treated for chronic gastritis and ulcer of the stomach. Examination of the teeth showed three sound teeth and twenty decaying stumps, in many cases barely visible above the gums, which were badly ulcerated and inflamed. My first move was to send the case to a dentist, who removed them all. The patient now has a set of false teeth in a clean, healthy mouth, and no stomach symptoms. I have at the present time two more such cases, coming with a history of long-continued digestive disorders preceding the apparent onset of their tuberculosis. In one especially the history is painfully suggestive of a lack of careful work on the part of the many physicians who have treated her. She came to us a physical wreck, with nerves completely unstrung, and firmly convinced that she was doomed to remain a hopeless invalid. The lung condition seemed to warrant a better prognosis, but while she was more than willing to rest, when the subject of food was taken up she unfolded such a history of the various diagnoses she had received as to the terrible conditions which were present in her stomach, and gave such an all-encompassing list of the foods she could not eat,

that our task seemed well-nigh hopeless. Examination of her mouth explained it all, but it was hard work to make her believe that the dentist, and only the dentist, could cure her. These are but two of the many cases in which I find a large amount of dental work prerequisite for the attainment of that state of proper nutrition essential to the arrest and cure of the tuberculous lesion.

Etiology of Tuberculosis.

We have by no means heard the last word as to the etiology of tuberculosis. We know that it is due to the implantation and the development of the bacillus tuberculosis in the body. Its usual port of entry is yet a matter of dispute, and we are not prepared to state just how long the disease may be carried in the tissues before presenting clinical symptoms or physical signs. Von Behring goes so far as to advance the theory that the germs may be taken in in infancy through the milk of diseased cattle and may remain quiescent for years until, in the stress of later life, the resisting powers of the individual are reduced below the danger-point, and the tuberculous focus, overcoming the enfeebled opposition presented to its growth, becomes dangerously active. We are constantly meeting with cases where it is impossible to say where the infection came from or where it originated. The chain of suggestive symptoms often stretches back several years. We must recognize the fact that it is by far the commonest of all diseases, that few of us escape a slight infection at some time during our lives, and that the surest prophylaxis against it is to be obtained by keeping ourselves in that state of perfect physical health where our cells and body fluids are sufficient in amount and in strength to overcome any chance infection to which we may be exposed. By far the greater number of histories begin with digestive symptoms, loss of appetite, indigestion and nausea, and often the question presents as to whether these conditions are due to the tubercular toxin or whether the development of tuberculosis is not the cause of the lowered resistance from the gastric disturbance. We know that the arrest of a tuberculous process is largely a matter of proper nutrition, and these cases constantly bring to my mind the question as to whether proper instruction and care of the teeth during childhood might not have prevented the decline of the general nutrition to the point when a latent process was enabled to become active. This aspect of the crusade against tuberculosis has received as yet but scant attention from the medical profession, but its importance is daily becoming more generally recognized. It is here that you gentlemen come into close relationship with the great problem of overcoming the Great White Plague. Not only is the practical application of oral prophylaxis entirely in your hands, but it is your profession which must take the lead in educating the rest of



us up to a full comprehension of its possibilities and of establishing its general practice in the public schools of our country. If it were possible to inaugurate a dental clinic in one of the schools of each of our cities, where, with the co-operation of the teachers you could secure, as Dr. Baker is doing in New York, a comparative record of the children so cared for, with those of a similar class and grade of children not treated, you would inaugurate a work of far-reaching value and would eventually come to play an active and most important part in the campaign against tuberculosis.

The Opportunities and Possibilities of a Profession.

By ANDREW J. FLANNAGAN, D.D.S., Springfield, Mass.

Read before the New Jersey State Dental Society, Asbury Park, July, 1910.

I believe that at the present time certain new conditions are coming into our calling and that we are on the edge of a epoch in dentistry. This may appeal to you if you will recall what the public press is doing to-day in reference to the various professions. If you go back twenty years you will see that the public press had few special editors or special reporters, and if you study the press of our United States you will find to-day that it is going outside of the field formerly plowed, and is delving into specialties in every direction; that it is going, for instance, into the realm of medicine; into certain conditions underlying the ministry, and, strange as it may seem to some who do not think and who, perhaps, do not reason well, the public press is dealing with certain conditions underlying the practice of dentistry. It seems to me that indicates that the average dental practitioner is not cognizant of certain conditions within the knowledge of the public—and the public are our patients. If the public press has done so much for other callings, it can do equally as much for us, and while it has been a benefit in calling to the attention of the public the value of dentistry, especially along the line of hygiene and prevention, there underlies all that, ladies and gentlemen, a great condition which we might call a danger, and that danger consists in this—that if the men who are practicing that profession are not practicing it along the line of antisepsis, along the line of the science which prevents, then he who is not so practicing is doomed to be condemned by the public, and as a result the profession which he represents will be criticised.

When did dentistry, as a profession, take its birth? It was in 1839 when Dr. Horace Hayden established the first dental college in the city

of Baltimore. If that be true, the profession of dentistry then goes back only to 1839, and it is true because no calling can be considered a profession which has not its own teaching force, which has not its own literature. That being the case, we have something to think of at the present time.

All professions should have a foundation—they should have a foundation which is in keeping with the science and the advancement of that age of which we are a part. If you have read the current monthly magazines for the past year you must have noticed, especially in the *Atlantic Monthly*, articles in relation to medical education in the United States, and if perchance any of you have not read those articles it might be worth while for you to do so. How long will it be before some person writes a series of articles in relation to dental education in the United States? If such articles should happen to be written would he find the foundation underlying the principle of our teaching of the proper structure? That is the thought I wish you to carry with you.

I believe that the main purpose of all speech is an expression of thought and not a concealment of it. I believe that every dental practitioner coming into his profession, whether he be of humble or of high birth, whether he has high or low social standing in the community, has a duty to extend to that profession, and I believe that the time has come when some one and some society should take recognition of our condition. If it be true that the public are aware of what is known as antisepsis—if they know something of the prevention of disease—then we collectively, in a general way, must change the foundations underlying the teachings of dentistry. How often are conditions surrounding operations in an average dental practice allowed to exist without any consideration of pathology or therapeutics? If that be true and the public in general becomes aware of it, where shall we be? Take the question of what is known at the present time as prevention. You have in the United States at the present time, especially here in the East, and in the Middle West, societies of laymen and laywomen formed to prevent disease; you have any number of societies that are doing anti-tuberculosis work, and other similar societies. That being the case, what must we do to help along the cause?

Take the question of the hospitals in our United States. If we as dentists, if we as specialists, obtained a proper foothold in the average hospital, might we not help? Is there anything in the average hospital to prevent medical men from inviting dentists to serve with the staff? That is a line of work that dental societies may well take up.

Our knowledge of pathology and therapeutics, as we have practiced in the past, we must admit has been limited. If there is one place where

ITEMS OF INTEREST

opportunity is to come into dentistry for greatness in the future it will depend upon a better knowledge of pathology and therapeutics. If we have dental colleges to-day that are teaching pathology and therapeutics in the old-fashioned way, then we have a right to know of those colleges, and we have a right to attempt to correct their methods. That is a criticism which has been made against dentistry, especially in the last few years, by Dr. Talbot, of Chicago, and if you have read the current dental press in relation to this you must be aware that at least some of these criticisms are well founded.

We hear in the average medical practice of what
Consultations. is known as "consultations." If medical men have use for consultations, why not dentists? Are there not cases in dentistry where consultation might well be advantageous? I am reminded of this because of the history and knowledge that have come to me in the last twelve years of the things that go to the uplift of a profession, and I think that is one thing that could well be pushed to the front.

It has been said recently, by a writer in the
Treatment of Children. dental press, that the average child is not well taken care of in the average dental practice. If that be true, why is it so? If children are brought to us at a certain age with abscessed teeth, with diseased condition of the mouth, although it be a fact that it is hard to control those cases, yet this is our manifest duty—to treat and to cure. I have asked a great many dentists why the treatment of oral disease is not more often attempted. They have come to the conclusion that dentistry has been so long understood by the average person in the average community as a mechanical calling that a practitioner, in order to receive a fee or recompense, must do something with his hands and give something of material value. Who has taught this to the public? Has it not been the members of the profession of dentistry? If that is the case, if the public had been taught, if the children especially were taken care of in a proper way, and the parents had been taught the necessity of care of the child's mouth as a part of the cure of disease, we could have a fee for advice, we could have fees for very small services, just as a surgeon or physician has. Let that same mother take the child to the average medical practitioner, who only looks at the diseased condition and writes a prescription, and he gets a fee which the father or mother expects to and is willing to pay. But in dentistry you will find an opposite state of affairs. If the general truths of dentistry were taught to the public, so that they might know that we may render them professional services without actually performing an operation, there would be a great increase in fees, and a great

increase in the respect of the general public for the profession. Every man is worthy of his fee, and if he gives advice it is a professional service and he should be paid for it. This must come in the future; at the present time the subject for consideration is the education of the public in this respect.

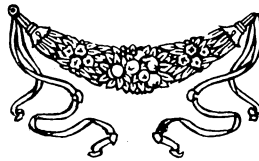
There is another matter with which we are confronted at this time, and that is the question of organization. History proves that any great event can be brought about by intelligent agitation and organization. I do not need to speak of the work of your New Jersey Society this morning because history has written that, and I know the future is going to write its further history, but the fact remains that as a body of men composed of some thirty-five or forty thousand members we have no national organization of a purely representative character. Read the history of medicine. Up to the time when the American Medical Association was formed, medicine as a science in this country had a rather hard time; it could get little legislation; it could get little appreciation of a public nature; but since they organized their profession, along the line of a truly national organization, just stop and think what has been accomplished! There are at the present time about sixty thousand men in the American Medical Association; that Association has done a great deal along the lines of legislation; it has done a great deal along the lines of prevention, not only in the United States, but of an international character. The press and the public are well aware of these things. If we have a concrete example of that, why is it that at the present time we have no national organization of a proper nature in our own profession? Why is it that so few of the average dentists are members of dental societies in general? Up in New England, whence I come, no man can get a position of importance unless he is a member of the State society. I know of no instance in the last twenty years where any medical man has obtained any position of prominence unless he were a *bona fide* member of his State medical society, and if he were such, he could be a member of the National society. How often in the average college do the professors teach the students that the greatest honor that can come to them is to be members in good standing of the State dental societies? How often is that preached to them from the lecture platform?

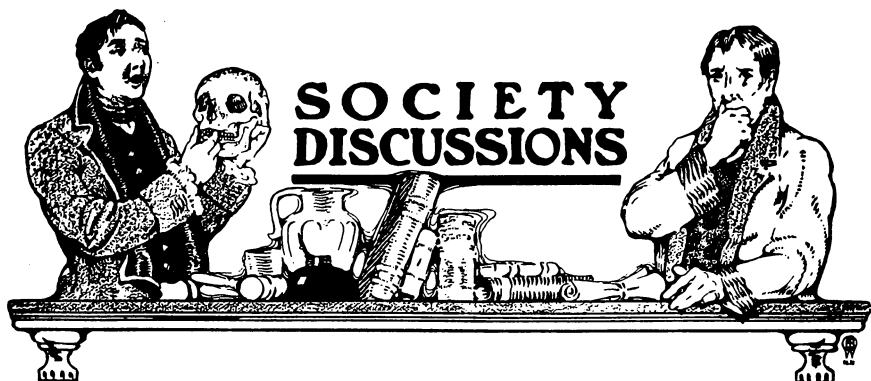
How many of the professors. how many of the teachers who are teaching our profession to the students, are members or working members of dental societies? I had occasion a few years ago to examine into the list of teachers of twenty-four dental colleges, and I was astonished to find that less than twenty-five per cent. of

**College Teachers
Not Members of
State Societies.**

ITEMS OF INTEREST

those teachers were members of their State societies, and that less than five per cent. of these teachers, the current dental literature for the last twenty years showed, had done anything to uplift dentistry in the press. This is a fact which should be considered. Some may say, "What is that to us?" It is a great deal to us. I believe that each and every individual has the right of speech, and that every individual has his duty to perform. The time has come when, in this question of national organization, the men that shall teach us, and what they shall teach us should be openly discussed. When we have gatherings where things shall be considered from the proper standpoint, backed up by organization and intelligent agitation, the profession of dentistry will be a profession more than in word only, and the time will be when as members of that profession we may be paid for advice, be paid for professional services, and be paid for what is so well termed "preventive dentistry." (Loud applause.)





New Jersey State Dental Society—Fortieth Annual Session.

Wednesday, July 20th—Morning Session.

President Dilts called the meeting to order. Rev. T. B. Stockdale, pastor of the First Methodist Church of Asbury Park, offered the opening prayer.

President Dilts then introduced the Hon. Frank T. Appleby, Mayor of Asbury Park, who delivered the address of welcome.

The Secretary called the roll and a quorum was present.

Secretary Meeker announced that certificates of membership were in the custody of Dr. Sutphen, and could be had by the members upon application to him.

Secretary Meeker also announced that printed ballots and a ballot box had been provided for the purpose of having the members and exhibitors express their preference as to a meeting place for next year's convention. Some discussion on the subject arose at this time, and subsequently, from which it appeared that the right to fix a place for the annual meeting was vested in the Executive Committee, but that by a vote of that committee, the method above referred to had been adopted for the purpose of getting an expression of the members for the guidance of the Executive Committee.

In the absence of Vice-President Naylor the President invited Dr. Brinkman to take the chair. President Dilts then read his annual address.



Discussion of President's Address.

I do not know that I have ever listened to a
Chairman Brinkman. President's address which I have enjoyed more than the one we have just heard, and I trust the Society will discuss it thoroughly, and that its recommendations will not be passed upon lightly.

I will call upon Dr. Stockton to open the discussion.

I am perfectly willing, and expect to discuss this
Dr. Stockton. address, but I do submit, in all fairness to the younger men of the Society, that they should have an opportunity, too. They sometimes complain that they do not have a show, and I am determined that they shall have a show this morning.

I think your point is well taken, and I will call
Chairman Brinkman. upon any of the young men present; I will be glad to hear from them. This address is of much importance to the Society, and should be discussed thoroughly, and now is the time. I will call on Dr. Beam.

I do not know why you call upon me, for I do
Dr. Paul F. Beam. not consider myself a young man.

The President's address is a very interesting one, and is well written; his reference to the examination of children's teeth in public schools tells of a wonderful piece of work, and the man who first suggested that idea should be counted a benefactor throughout the State.

In my town, however, the doctors are opposed to dental examinations in public schools; they have opposed it in every possible way. When I first went into the town I referred to the subject, and all the mothers who listened to my arguments thought well of the scheme, but when the doctors heard what I contemplated, they fought against me in every way possible, and I have since learned that the positions of examiners of the children in public schools have been given to doctors. Less than six weeks ago a mother brought her child to me with the report of the medical examiner that the child had eleven teeth which needed immediate filling. She was quite excited. I examined the child's teeth, and found there were eleven fillings in them; the medical man thought they were cavities. (Laughter.)

The New Jersey State Dental Society, it seems to me, should see to it that doctors shall not be allowed to practice dentistry without a license, and then there would not be such examinations of children's teeth and such reports as this.

SOCIETY DISCUSSIONS

Another such instance occurred in our public school in Washington. A young child was placed in my charge for orthodontic work, and it was necessary to place a gold half crown on each central. The child was called up by the teacher and commanded to remove them. The mother went to the school and explained, but a few days afterward the child was called to account by the Superintendent, who passed through the school, for having tinfoil on her teeth, and the doctor likewise found fault, which indicates how little these people know about dentistry.

I have enjoyed the paper very much, and was
Dr. W. W. Holmes. greatly interested in what Dr. Dilts said about raising the educational standards in this State. I think myself a college degree should be required preliminary to taking the State Board examination.

One of the most interesting things the President spoke of is that of free clinics. We have been doing this work for a year in Newark. Our clinics are not connected with hospitals as the President advises, although I think that would be a very proper method. We have two separate clinics in our city. Not only is this good, but the examination of the school children's teeth is particularly good. We tried to have an examination of the children's teeth in the Newark schools before we established our clinics, but not being able to do that we established the clinics, and from our experience we believe it wisest to have the clinics first, because if the children's teeth were examined many of them could not afford to go to a dentist, and they could be sent to the clinics.

President Dilts spoke of the Saxenmeyer case; I think that is one of the best arguments why the members of the profession should join this Association. We need their membership and their aid to prosecute such cases, because of the great expense connected with such action.

I was very glad to hear that part of the address
Dr. Moore Stevens. having reference to our meeting place. Mayor Appleby has told us that they expect to have a convention hall here next year, and we might take that into consideration before deciding on any place, for we know that for many years past the meetings of the State Dental Society in Asbury Park have been successful, and in discussing a change the question always arises as to whether it would be for the best; if we are to have a convention hall here next year I think it would be well not to act too quickly in changing our place of meeting.

In regard to a change of the law, I think it would be very desirable to raise our standard.

Concerning the Saxenmeyer case no one can take any exception to the way that has been conducted; everything connected with it, the detective work and everything else, was extremely well done. We should not be

ITEMS OF INTEREST

backward in giving money to assist in such a cause, and I think the President's suggestion in that direction is a very good one.

I congratulate our President on his address.

I have listened to Dr. Dilts's paper with pleasure, **Dr. Chas. H. Meeker.** and in the main I agree with what he says, but I must take issue with him in reference to the clinics being held in hospitals, and Dr. Beam's remarks in that direction seem to bear me out, and my own experience in the city of Newark does also.

Dentists of the present day are a progressive set of men, and have in a measure taken away some of the physician's work, for they are rapidly becoming specialists themselves.

Newark was one of the first cities to take advantage of the new law authorizing the appropriation of one thousand dollars for free clinics by the municipality, and in that city there are now two clinics with thirty-three dentists, each devoting two hours an afternoon once a month to one or the other of the clinics.

If it had not been for one of our Newark dentists, I am afraid the free clinics there would never have been started. This gentleman collected among his own patients over \$1,200 for the purpose of equipping a free clinic, and without this foundation the probabilities are that no free clinic would ever have been established. The gentleman I refer to is Dr. C. S. Stockton. (Loud applause.) In behalf of free clinics I appeared with others before the Board of Health and before the Common Council. The latter body was perfectly willing to give us the money, provided we placed the subject in the hands of physicians; the Board of Health would give nothing, so we simply asked for their moral support. The Board of Education did not want to have anything to do with it unless we put it in the hands of physicians. The free clinic was struggling, but we needed money; the city did not think it had power to make the appropriation, and a bill was introduced in the Legislature, drafted by Herbert Boggs, City Attorney, and passed, giving the municipalities of the State the power to appropriate from the public funds not more than one thousand dollars for the equipment and operation of dental clinics, in which the work would be done by dentists, and which would not be controlled by physicians.

There may perhaps be a little selfishness in our efforts, for the young children who attend these clinics will grow up and become producers, and in time will have been educated to seek dental aid, so that in that way those who come after us will receive the benefit of what we are doing. Furthermore, the work of the dental clinic will raise the standard of dentistry and in a measure help to eliminate the cheap fakirs who advertise to do all sorts of impossible things in our large cities.

SOCIETY DISCUSSIONS

Concerning the Saxenmeyer case, Dr. Saxenmeyer first made application to the Board for a license to practice without examination, this application being endorsed by Dr. H. B. McFadden, a member of the Pennsylvania State Board, and a Dr. Robert Purvis, a member of the N. J. Southern Society. I wrote to Dr. McFadden on the subject, and he directed me to erase the endorsement, which I did. We refused to grant a license without examination, and Dr. Saxenmeyer made three efforts to mandamus the Board, and was defeated in all. In the meantime he proceeded to practice, and was indicted by the Hudson County Grand Jury for practising dentistry contrary to the dental law. The case came on for trial, and in seven minutes the jury convicted him, and then he made an application to the Board for examination, which he should have done in the first place. The law says that if one is convicted of felony or crime or misdemeanor, his license is void, yet if we refused him examination now his friends might say the Board was arbitrary, and we have asked the Attorney General to decide the matter. His reply was that we need not give him an examination, as he was convicted of a felony, but we could give him a hearing and make any decision we desired.

At the time Dr. Saxenmeyer applied to us for examination he also applied to the Pennsylvania State Board for examination; that Board wrote to our Board, and in reply we merely sent them a report of the trial as printed in the Dental Scrap Book. According to my view of the Pennsylvania law, Dr. Saxenmeyer is not entitled to take an examination in that State. He may go to the New York Board, who will apply to the New Jersey Board for information, and then probably refuse him examination, and any Board in the United States to which he applies for examination or license will, in all probability, apply to New Jersey for information as to his status.

Dr. Saxenmeyer originally could have applied to the Board and taken the examination in the first instance, and if he had failed once or twice he could have come again, and by this time might probably have become a thoroughly qualified dentist in the State of New Jersey, but unfortunately he now seems to have barred himself out from every Board in the country.

The decision of the New Jersey Supreme Court in that case is a wonderful upholding of our dental law, and the fact that the jury found a verdict of guilty in seven minutes shows that our case was thoroughly prepared. We spent money unstintedly from the funds of the Board, as well as the money donated by the State Society last year for this purpose, and I sincerely trust that the President's suggestion of donating \$500 yearly from the funds of this Society to the Board for the purpose of prosecution will be adopted.

As I said in the first place, I cannot agree with the President's sug-

ITEMS OF INTEREST

gestion that clinics be held in connection with medical hospitals. Let dentists stand upon their own independence as dentists; let them deal with dental matters themselves, as they are thoroughly capable of doing. (Loud applause.)

Dr. Dilts covered the ground thoroughly in his address, and the only thing I desire to refer to is his recommendation that only college graduates should be examined for license. At the last session, this Society passed a resolution asking the Legislative Committee to prepare a bill to cover that point, and why it has not been done I do not know. They should have done it, and I think it is the duty of the Legislative Committee to explain at this session why they did not carry out the dictates of this Society.

Two years ago I brought the question up, and it was thought that such a law could not be passed by the Legislature, but I think the time has come when this could be brought to a climax if we should proceed earnestly with it.

I have been very much interested in this address, and believe it to be so full and replete with good ideas that there is not much to say except words of commendation.

However, there is one matter that has interested me, and that is the suggested change of the law, for I am in a position perhaps to see conditions as they exist, and to recognize the benefits that would accrue from changes as suggested in the President's address.

Some ten years ago I suggested in a similar address a change in the law which Dr. Dilts has omitted, and I do not see how a President's address can be complete without it; that is, the abolishing of jury duty for dentists. For forty years, with no exception, has that recommendation appeared in our presidential addresses, and it seems to me the present address is incomplete without it! (Laughter.)

Another point that interests me very much is the subject of making dentistry a specialty of medicine. That is a much discussed question, which has not been settled, and there are many advocates of both sides of the subject, and just exactly what I approve of I am not sure.

One thing I am sure of, that is that there should be a change of the law, either of the colleges or of the State, that would produce better material before the Examining Board. When you realize that young men come before these Boards and tell the members that they would administer as a heart stimulant from one-half to one drachm of the tincture of aconite root, and repeat the dose in thirty seconds, and that they would administer as an emetic, corrosive sublimate, you will understand my argument. (Laughter.) These are serious matters, and the facts are as stated.

SOCIETY DISCUSSIONS

I might discuss several other points, but I will not, except that it has occurred to me that we should appoint a committee to prepare suitable resolutions on the death of Dr. Palmer and Dr. Freeman.

I regret to say I did not arrive early enough to hear the beginning of Dr. Dilts's paper, although that perhaps would not have made much difference, for it is almost impossible to hear at all in this hall, so that Dr. Dilts's suggestion that we find another place of meeting is very timely. We ought to be able to meet where we can be heard. It is a shame to invite a man here to read a fine paper in a hall in which half the people cannot hear. We should go somewhere else to hold the meeting, even if we have to sacrifice the exhibits; it is true they bring in some revenue, which helps toward the expenses incident to this meeting, but at the same time they distract a great deal of attention from our meeting, and there is not the interest in the sessions which there would be if there were not so much attraction in the exhibits. It would not be at all amiss for the Society this year to decide to get another meeting place, for it is getting tiresome to try to listen to something one cannot hear.

In reference to free clinics, I think they are very much needed in all cities, but I fear the time is coming when the average practitioner will get tired of giving two or three hours a week to dental clinics, and I have a suggestion to make which may tend to increase the knowledge of every graduate; it is that the dental course be increased in every college to four years, during the last year of which the students must serve in a free dental clinic. When a man takes a course in medicine he must spend a certain length of time in a hospital. I do not know why the New Jersey Society, which has started so many new things, should not inaugurate this idea; then we would have men in the clinics to carry out the work to completion. As it is now, a dentist starts a case and the next time a patient arrives another man works at it, with, of course, a lack of the interest of the original operator; this does not tend to make a success. On the other hand, if the plan suggested were carried out the free dental clinics would not only be a success but would not cost nearly as much as they do now.

I was very glad indeed to hear the President's businesslike address. I have for a long time watched the career of Dr. Dilts, and I am sure you will agree with me when I say he has well earned the position of honor he occupies to-day as President of the New Jersey State Dental Society (applause), and we are all glad to hear him say that while he has achieved the honor we are all striving for, he is not disposed to take a back seat in the future.

He said in his address that he hoped that one or more of the charter

ITEMS OF INTEREST

members of our Society, who formed this association forty years ago, would be present. I am the only charter member who is now an active member of the Society, although Dr. Chew is one of our honorary members.

It is a very great pleasure to me to know I was really the starter of our Society (applause); it is one of the great pleasures of my life, and I am proud of the manner in which this Society has done its work, for we have the reputation not only in our State, but almost in the entire world, of being one of the best dental societies in existence.

Many who were my associates in the beginning were splendid men; they worked for the interest of this Society; men like Hayhurst, Kingsley, George T. Brown, and many others whom I could name. Then, too, we were helped wonderfully in the past by the aid we received both from New York and Philadelphia, from whence many splendid men came to our assistance, such men as James and Wm. Truman, who are still alive, and McQuillan, Barker, Buckingham, Darby, and many others who came from Philadelphia to our aid. Then we had from New York Abbott, Atkinson whom, I might pause to say, did more to help New Jersey than any other one man, because he told us what we did not know, and made us ashamed almost to call ourselves dentists, knowing as little as we did; he stimulated us to do greater work, and we should hold his memory in great reverence, as I have no doubt those of you who can recall him do.

There are many things I might talk to you about, and one thing that has been referred to a great deal is Asbury Park as our meeting place. We have been coming here some twenty-five years; we have left with this community a good many thousand dollars, and I claim they are under obligations to furnish us a decent place of meeting. There is no better place that we can go to; it is just between the two great cities of New York and Philadelphia, and many men from these cities like to come to our annual meetings. Where can you find a place anywhere on the coast that is free from that insufferable nuisance, the mosquito? That is one of the great things in favor of this place, we are not pestered to death by the mosquito, for none of them are here.

Children's teeth have been spoken of, and that is one of the most important topics for discussion. Doctors are appointed to examine the children at school and ascertain whether they have scarlet fever, measles, or any other contagious disease. Those things are of importance, but how soon is the period of danger past; yet if the teeth are affected, and the children cannot go to school, they are losing their education. If one has the toothache, how can he study or learn anything? There can be no greater duty than caring for the children's teeth.

Somebody said they doubted very much if dentists would continue

SOCIETY DISCUSSIONS

to attend the clinics. Let me give you an instance of one who has a world-wide reputation as an oculist: For the last thirty-five or forty years in Newark he has given every afternoon from two until five, or longer if necessary, to the service of the poor of the city, and *we* say that we cannot give two hours a month to the services of the poor. You are making a mistake if you think anything of the kind. You owe something to humanity if you claim to be professional men.

Some time ago I was at a clinic in our city, and a beautiful child was in the chair. I asked the dentist to clean up one side of her mouth, and then I took a glass and showed her the difference between what her teeth were and what they ought to be, and I said to her, "You have pretty teeth; some day you will be called beautiful, perhaps, but if you smile, if you laugh, if you talk and show those dirty teeth, no one will ever call you beautiful; you will not be beautiful." Now that child will go from that clinic to her home, and will tell her parents and will tell her playmates that a doctor who was up at the clinic said she would never be a pretty girl if she had dirty teeth.

Clinics can easily be established in different places. I recognized the fact that our two clinics were poorly equipped, and I told some of my patients we desired to establish free clinics and asked them for contributions, and in two weeks raised \$1,200, and I am glad to have been the means of raising some money to start these clinics and furnish them properly.

We can do no better work than to take care of the children's teeth. The suffering from ulcerated teeth and exposed pulps is such that with them no child can properly pursue its studies and perform the duties it is expected to at school.

I desire to say a word about the membership. We have not the membership in this Society which we should have. I do not believe we have two-thirds of the dentists of the State, and we ought at least to have the whole of them, and when it is shown to be to their advantage they will join this Society. Many of the younger men have been taxed to the extent of their ability in getting their education, and they do not feel like paying the money necessary to join a society. I would make the first year or two free to those young men, for then we could influence them and aid them and have them as a part of ourselves, and not outside of us doing things they would not do if they were with us.

We have been prosecuting—I suppose some will say we have been persecuting—a gentleman in Jersey City; but we have not been persecuting him; he had every opportunity to qualify and to become a practitioner in New Jersey. We have spent a great deal of money because that man would not qualify under the law and come in with us, and

ITEMS OF INTEREST

I do not think he is entitled to any consideration at our hands hereafter. We want everybody to come in, but we do not want them to come in after they have been forced in. Our dental law is not bad; any man who is qualified to practice dentistry can pass the examination. The examinations are not hard, nor are they easy, and no man should practice dentistry unless he is able to pass the examination of our Board. That is no hardship, and I am surprised that anyone should think for a moment that he could evade the law. The time has passed when anyone can enter our profession unless he is qualified.

I should like to see the course of study extended, and should like to see the schools so constituted that both medical and dental studies might be taken together, so that a man might have an opportunity of becoming an M.D. as well as a D.D.S. Let the same men teach in our universities in the medical and dental schools. I trust the time is coming when it will be no longer a slur to say "He is a dentist," but that we shall know as much as the medical men and perhaps more in many ways. We are getting there; we are studying and making ourselves known in the world, as the dental clinics illustrate; we are making ourselves qualified to treat the diseases that are in our care, and I am glad that these clinics have been started, and am sure this action will result in a great deal of good to our profession and to the people of our State. (Applause.)

In looking back forty years, I am happy to be able to congratulate the New Jersey State Dental Society for what has been accomplished. Forty years ago I answered a call to meet at Trenton to organize this State Society. While I did not become a member at that time, I have always looked up to the New Jersey State Dental Society with a great deal of pride, and I honor to-day the officers and members of this Society for what has been accomplished along the line of education.

Speaking of clinics reminds me of an occurrence which took place at the first meeting of this Society when a rubber dam was used by Dr. Newbrough, of New York, upon one of our members. I do not know if many will remember that, for I only see three here who were present at that time—Dr. Meeker, Dr. Stockton and myself. That was the first time the rubber dam was used in this State. I do not suppose the doctor has forgotten it to this day, because there were not the modern methods of applying the rubber dam in vogue then that there are to-day.

The examination of the teeth of children is a step in the right direction. I have often refused to extract permanent teeth when children have come to me to have them drawn, but have repeatedly filled those teeth and preserved them, for it has been the object of my life to save teeth, and it will be until the last day I am able to practice.

SOCIETY DISCUSSIONS

In Lakewood the system of examination of our children by the State Board is that they pay a physician to examine the children's teeth as well as their general health, and if a tooth is found that needs attention he gives the child a card, so that the parents of the child can have an examination made by the family physician to see what can be done, and the physician, of course, knows very little about the care of the teeth. I know that from the condition of the teeth of children of physicians that come to me.

I desire to congratulate you upon your success. You have now attained the position of being the principal dental society in the United States, if not in the world, in the advancement of the cause of dentistry. May God help you to continue it to the end. (Applause.)

I cannot do otherwise than endorse the very able
Dr. Chos. E. Weeks. address of my friend, Dr. Dilts, and will not occupy your time longer than to say just a few things that are in my mind.

In the first place, we seem to be proud that we are dentists. Let us be dentists. Let us quit this eternal fussing about being doctors. To be a dentist a man must be a doctor; he must know the fundamentals which the doctor knows; a physician learns certain fundamental things, and the dentist must know those same things. Then the physician specializes; he either treats all of the body or some part of the body; the dentist treats a certain part of the body. We are aware of what a man ought to know in order to be competent to do that thing. Let us all use our influence to make the young men who desire to enter this profession know what they ought to be and what they ought to know in order to be dentists.

It is no disgrace to be a dentist; it is just as proud a position as any I know of, and I am proud that I am a dentist, and I wish to God I were a better one.

With reference to free clinics, it is absolutely necessary that we should first get ready to do this, and I believe that in every community we should get together and give every man in the community practising dentistry an opportunity to do his part; tell our patients, who are able to assist us, what we are going to do; contribute first what we can afford in money and what we can offer in services; and we will find, as Dr. Stockton says, we will have no trouble in finding people who will aid us when they see we really mean to do something. Do first and talk afterward. Never mind your Board of Education, or your charitable organizations, but make them see you are ready to do something, and then they will be ready to co-operate.

I believe we have four or five different classes to educate. In the first place we must educate ourselves how to run these clinics, what to

ITEMS OF INTEREST

do in them, and how to do it. Be careful you do not clash and oppose each other's notions. Let us educate ourselves. Then we must educate the medical profession and convince them that we are able to do what we are aiming to do. Then we must educate the children, and we will educate the people by teaching these children; and we must educate the parents of the children, and that will be done through the parents themselves, and through those who are undertaking to see that the teeth of the children are attended to.

I recently had a talk with the chief of nurses of the children of Philadelphia, whose duty it is to see that the parents of the children permit or compel them to go and have their teeth fixed and their eyes fixed, and other things fixed. The medical men there started the examination of the teeth of the children and someone has said here that the medical men are going to work against us, but in the city of Philadelphia at least, there is not a condition of antagonism between the medical and dental professions, in this respect.

There are a few points I desire to call attention to spoken about by some who have discussed this paper. I first will refer to the subject of the standard of preliminary education, which I have suggested in my address. You who have noticed the newspapers in the last few weeks will have seen that reciprocity between New York and New Jersey has been discontinued as far as physicians are concerned, and the reason of that is because of the low grade of the preliminary education required by the laws of New Jersey for the medical profession. The standard of education suggested in my address is the result of inquiries of some gentlemen whom I consider the best educators in the State of New Jersey, and is approved by the following societies and organizations: The Carnegie Foundation; the College Entrance Examination Board, and the New York Regents will also accept it, and the State Board of Education in endorsing diplomas from other States; and I have no doubt that our State Board of Education will adopt it, although I have not spoken to any of the members.

Concerning Dr. Pruden's remarks as to why the Legislative Committee did not have a bill introduced in the last legislature on the subject, the chairman of that committee informed me he did not know such a resolution had been adopted until almost the close of the session of the Legislature, and at that time he attempted to have two different meetings of the committee, but both times he was ill and unable to attend, and by that time the Legislature was just about adjourning, and that is why the committee did not carry out the suggestion of the Association.

As to Dr. Truex's remarks concerning the abolishment of jury duty

SOCIETY DISCUSSIONS

in our county, the men who perform that duty are generally the smaller politicians who do ward work at election time, and who are looking for such small jobs, and in order to become a member of the Grand Jury it is necessary to make a request of the leading politicians in order to do so; and inasmuch as dentists and physicians have little call to do jury duty the subject does not appeal to those who live in Mercer County, and I hope those who live in other counties, who are disturbed by jury duty, will be relieved from it, and that the Legislative Committee will bear this in mind.

Concerning free dental clinics, we have none in Trenton yet, although we are doing something there for the poor children in a small way. The organization known as the Children's Home Association has some sixty or seventy inmates, ranging in age from four to fifteen years, and the dentists in Trenton, especially the members of the Mercer County Dental Association, give one hour each month to this institution. The children are sent to our various offices, and we do the work we find necessary to be done for the children.

Dr. Hawke announced that Hon. William J. Schauffer, Vice-President of the State Board of Education, would address the meeting at a later session upon the subject of medical inspection in public schools.

I desire to correct one matter, so that it can go
Dr. Meeker. down in black and white in case there is any misapprehension.

I have no objection to medical men whatever; what I do say is that the dentists should be independent in the clinics and should control them, and then there will be no clash between the two professions of medicine and dentistry in that respect.

At this point President Dilts resumed the chair.

Before this subject is passed, I feel I ought to
Dr. Faught. make a statement for the encouragement of and in
(Philadelphia.) regard to the relationship with medical men. In our college we have a dental surgeon who acts as a regular member of the hospital staff. Recognition has gone that far in Philadelphia that the medical fraternity have no objection whatever to this gentleman, who occupies the position of dental surgeon on the hospital staff, and has all the privileges of the other members of the hospital staff.

It is perhaps not as well known as it should be, but the Supreme Court of Pennsylvania has ruled that dentistry is a specialty of med-



ITEMS OF INTEREST

icine, so that so far as Pennsylvania is concerned, we are practising a specialty of medicine by a ruling of the Supreme Court.

The following resignations were presented and accepted: Dr. Charles T. Butler, Dr. S. C. Slade.

There are certain recommendations in the President's address which should be taken cognizance of, and I move that a committee be appointed by the President to consider these recommendations, that action may be taken upon them.

The above resolution was regularly seconded and unanimously adopted.

Certain applications for membership were received and acted upon, and a list of the members elected throughout the session will be found at the end of the proceedings.

On motion adjourned until eight o'clock P. M.

Evening Session.

President Dilts called the meeting to order.

A quorum being present, on motion the roll-call was dispensed with.

President Dilts announced the appointment of the following committee on the president's address: Dr. Alphonso Irwin, chairman, and Drs. Beam, Pruden, Hawke and Baker.

Also the following Memorial Committee: Drs. Stockton, Duffield and Heazelton.

Dr. Stockton stated that the proprietor of the Brunswick Hotel had placed at the disposal of the Society the assembly-room at that house for its future meetings if desired.

On motion, duly seconded and adopted, the invitation from the proprietor of the Hotel Brunswick was accepted, and a committee appointed to place signs at the entrance of the Casino announcing the change of meeting place.

The secretary then read a telegram from David Russell Lyman, M.D., announcing his inability to be present, and in his absence his paper, entitled "The Danger of Tuberculosis Infection in the Dental Profession," was read by Dr. Duffield.

Discussion of Dr. Lyman's Paper.

I am very much elated by this paper, especially

Dr. Stockton.

that part of it which calls our attention to the fact

that many people in a run-down condition come into our hands and into the hands of the medical profession and then the building up is attempted. If we could get the patients into our hands before that and find out what is causing that condition, we might be more likely to do something to avoid it. If the teeth are not in proper condition to masticate food it very naturally follows that there will be a lowered vitality and danger from tuberculosis.

I must confess I am somewhat disappointed, for I thought from the title of the paper it would have some reference to our own danger of being inoculated in working for tuberculosis patients. I think that is hardly ever possible. Among my patients is a family in which there were six daughters, two of whom had died of consumption; the mother to-day is eighty-seven or eighty-eight years old and she nursed and took care of the two daughters who died, and has never been affected.

How many of the children who come to this country have any idea of taking care of their teeth, and how many of them and of their parents have any conception of the use of a tooth brush? They do not know what it is, and is it any matter for surprise when we consider the condition of the mouths of some of our patients, which do not exude the balm of a thousand flowers by any means.

So it becomes us to do what we can for the children who are coming to this country and teach them the ways of Americans. I was going to say a little while ago that America is the educator of the world, and that we were going to redeem the world through the people that are coming to us from all nations and countries, but Germany is perhaps ahead of us in the attention shown to the teeth of children. There is no limit to what we can do in taking care of children's teeth. We must teach the children so that they will take care of their teeth and redeem the country from this dreadful plague of tuberculosis, for I believe that there is very largely the beginning of this evil.

Dr. Faught.
(Philadelphia.)

I came here rather to learn than to speak, and have been very much interested in the paper, although, like others, I have been a little disappointed, for I had expected that perhaps we might learn something concerning our personal relationship to this disease, and would have been interested indeed if the essayist had discussed that phase of the question and had given us some teachings as to how we could fend off in our advancing years the possibility of acquiring the disease.

ITEMS OF INTEREST

I have been very greatly interested in the question of the relationship of age to the subject of the disease and I wanted to hear from one who is so great an authority on the subject as the essayist.

It has been impressed upon me ever since I have made any study of pathology that the human system carries within itself constantly a wonderful defense against the inroads of germ life. Disease is impossible to the human race if the vital forces are maintained, and this is particularly true as has been brought out in the paper in relation to the disease, tuberculosis. So long as the vital powers of the human system are active and forcible the individual need not trouble himself very much regarding the possibility of developing the disease, but the moment this becomes impaired or lowered the danger-point is reached, and that, I suppose, is why the essayist so frequently referred to the building up of the patient's general health. How much better than building up would it be not to let it run down. If there is one duty more than another incumbent upon us it is to see that everything we do should tend to maintain the vital forces up to the highest point of resistance.

It has been pointed out that prevention is to be brought about by seeing that the young children shall have their teeth in perfect condition for mastication, relating more particularly to the question of eliminating the ravages of dental caries. That is not the whole question by any means. You may have a mouth filled with sound teeth and perfect, so far as the development of each dental organ is concerned, and yet it may be utterly useless for proper mastication. I am sure that those of you who have been in practice for any length of time can recall case after case in which perfect dental organs have not been in proper occlusion: they have not been in relationship for proper functioning. The work of the orthodontist is not to be overlooked, and there is much hope in the future in the development of this art, and in bringing not only the organs which have been repaired, but those that are naturally perfect, into such occlusion and alignment that they can perform the functions which nature destined them to perform.

On motion the paper was then passed and the meeting adjourned.

Thursday, July 21, 1910—Morning Session.

President Dilts called the meeting to order, and a quorum being present the call of the roll was dispensed with.

Dr. Stockton, from the Memorial Committee, presented the following report:

SOCIETY DISCUSSIONS

"Drs. James G. Palmer and Soloman Freeman, both of New York City, have died since we last met.

"We have heard with sorrow of their deaths and mourn their loss.

"Both were frequently present at our meetings and took a deep interest in the affairs and success of the Society and were ever ready to help in every good work.

"Dr. Palmer was one of our honored presidents, and continued his activity in our Society until the day of his death. He was one of the best of operators, and ever ready to give of all that he had for the welfare of the Society and of the profession.

"Dr. Freeman was a most kind and genial man, having at heart the best interest of this Society and the profession, of which he was an honored member.

"We mourn their loss and will cherish their memory.

"We extend our sincere condolence to the members of their families for the great loss they have sustained."

On motion, the above report was received and the committee discharged with the thanks of the Society.

The secretary moved that the dues of Dr. L. S. Marsh, of Hackensack, which were in arrears, be remitted, and the doctor be continued a member of the Society as long as he lives without the payment of dues.

The above motion was seconded.

I make this motion because Dr. Marsh is in poor health and does not practice dentistry any more by reason of his poor health, and he has been a faithful member of the Society, and it seems to me we ought to continue him a member now that he is ill.

Dr. Meeker.

I will pay Dr. Marsh's dues if it is necessary, to retain his membership. (Loud applause.)

President Dilts.

This is a motion to remit the dues on account of the ill health of Dr. Marsh.

Dr. Meeker's motion was then put to vote and unanimously adopted.

On motion of Dr. Meeker, Dr. Stevens, former president of the Missouri State Dental Society, was accorded the privileges of the meeting.

A motion was made a year ago to change Article

Dr. Stockton.

V. of the Constitution, making it read that the annual dues be four dollars a year, and that one dollar of this sum should be turned over by the treasurer of our Society to the treasurer of the fund for the benefit of old and infirm dentists.

The year has passed, and I move that the amendment be adopted.

After considerable discussion, in which Dr. Thomas W. Dobbins,

of Newark, opposed the adoption of the motion on the ground that no member of the profession would care to have it known that he was receiving assistance of this character, and after Drs. Meeker, Walker, Sutphen, Baker, Fish, Morrison and Chase spoke in favor of the resolution, it being suggested in the discussion, among other things, that the recipients of benefit from this fund would not be accepting charity, but receiving money which they themselves had contributed in the way of dues, a part of which were paid in the nature of insurance, the motion was unanimously adopted.

The president then introduced Andrew J. Flannagan, D.D.S., of Springfield, Mass., who delivered an address entitled "The Opportunities and Possibilities of a Profession."

Discussion of Dr. Flannagan's Paper.

Since Dr. Flannagan was a classmate of mine in college I take great pleasure in opening this discussion. He has covered a very broad subject and

I do not care to go over all the points that he has made, but there are several which appeal to me.

I have realized in the last few years that more and more is the profession of dentistry becoming recognized as a profession by our confreres of the medical world, and I think they appreciate almost to the full that there is something in dentistry besides the mere plugging of teeth or the extracting of an offending molar, and they are looking upon us with more and more respect. And why is that so? It is not because in the past they did not have reason to regard us as simply mechanics, because that is what we were; but we are gradually maturing and coming to the point where we can look upon our calling as a profession, because we do not alone work with our hands but with our brains, and, I may add, with our hearts as well. Recognition cannot come until it is deserved, and the time is here, the time is now, when we are worthy of recognition, and we are receiving it from the medical profession. Not only is that true, but we are receiving it also from our patients and from the public. They are recognizing that we are doing something more for them than they have been able to obtain in the past. This doctrine of prophylaxis, which has gone broadcast over the country, has awakened the people to the idea that dentistry is an important factor in their lives; not only when they are in pain do they need our service and advice, but they are realizing more and more that periodical and regular visits to us are essential not alone to their comfort, but to their physical health. This has been brought about not entirely by the literature given to us by those

SOCIETY DISCUSSIONS

in our profession who have been willing to burn the midnight oil, and give the effort of their minds for the benefit of their confreres, but it is the professional spirit among ourselves that has engendered this. There is a better professional spirit among us than obtained in the years gone by. We no longer think of our neighbor as a competitor; we think of him as our friend and as our adviser: one to whom we can go if we wish information and one who will gladly come to us if he needs advice. There is no professional man, there is no business man, there is no artisan in this world who combines within himself all the knowledge that can be obtained on any one subject, and those within the profession of dentistry are realizing more and more that there are others who know something. Nor is it a sign of weakness that we should ask our fellow-practitioners what to do in certain cases; rather is it an indication of superior knowledge that we are willing to admit that there are other people who can see things which we do not see ourselves; who can grasp the situation which, perhaps, we have too long looked upon from one direction and therefore failed to get a true insight into. Sometimes a careful examination for a few moments will disclose to a fellow-practitioner something which has escaped our notice because we have been looking at the subject-matter too intently for too long a period of time.

These ideas have been very carefully and beautifully brought out by our friend Dr. Flannagan, who never appears before us unless he gives us something of rare thought and consideration, and I am glad to welcome him again to New Jersey, and hope he will not go into the ocean and get drowned so that we may not have the pleasure of having him with us again. (Laughter and applause.)

I am not a classmate of Dr. Flannagan. I went
Dr. English. through a little earlier than he, although I should have been very glad to have been a classmate of his.

If there is any society outside of my own in the city of Philadelphia or my own State society in Pennsylvania that I should like to be a member of it is the New Jersey State Dental Society. A couple of years ago I even went so far as to ask Dr. Iredell if I could not become an active member of this society, but he said there was no way in which that could be done.

In support of some of the points brought out by Dr. Flannagan I would like to emphasize the fact that on the subject of infection, unquestionably the people of this country are becoming more and more acquainted with the idea that the mouth is the portal of infection, not only of the mouth and adjacent parts, but also of every part of the body. Only the other day I had a lady in my office who had abscessed teeth, and before performing the operation it was necessary to disinfect the parts.

ITEMS OF INTEREST

I had other work to do for this patient. She said: "I wish you would kindly delay the filling of the cavities of my teeth because I am very much afraid of becoming infected." I was able to reassure her on that score and to point out to her that the cavities could be disinfected before filling; nevertheless it excited the thought in my mind that she was actively interested in the subject of infection and knew that it could be carried from one part of the mouth to another.

Another point brought out by Dr. Flannagan is the fact that the medical fraternity does not pay that attention to dentistry that it should, and I have had that matter brought forcibly to my mind through mistakes made by medical practitioners which would be readily recognized by a dentist. A lady had what the doctor termed neuralgia, and for three days the physician kept her under the influence of opiates, finally suggesting that he could do nothing further and that she should better call a dentist. On examination I found a large cavity in an upper molar, and on passing an explorer into the cavity I accidentally touched the pulp, which bled, and she immediately obtained relief, and then went off into a deep sleep, from which it was utterly impossible to arouse her. That woman had for three days suffered intensely and had been drugged with opiates, when a simple dental diagnosis would have disclosed the truth.

Another subject referred to by Dr. Flannagan was that of organization. I do not believe the dental profession can accomplish very much in a political way without organization, and the idea is obtaining in the West of taking part of the dues of a local society to be applied to the State society, thus making each member of the local society a member of the State society, and it seems to me that is the plan upon which we should work, and then, perhaps, some of these days, create a national society of which every member of a State society will become a part. In that way I believe much could be accomplished.

My good friend Dr. Sutphen has expressed the hope that if our friend Flannagan should go into the ocean he will not be drowned. No matter what ocean Flannagan went into he would float. (Laughter.)

Dr. Stockton.

We have not to-day in our public schools a text-book that is worthy of the name on pathology or therapeutics. That is a very broad statement to make, but it is exactly true. Children go to our schools, go through even to the high school and graduate knowing nothing about the subject, for there are only a few lines about it in any of the school books, and the time has come, in this day of antiseptics, when the children should be taught what is necessary for their welfare in this regard. There is where we should begin—in the public schools of our country. If you take, approximately, a hundred people, how many of them could tell you

SOCIETY DISCUSSIONS

how many teeth there are in a child's mouth, and how many in a permanent set? Not ten per cent. of them could answer those questions. They cannot tell you what antiseptic will make the mouth clean and sweet and fit to mix food in to go into the stomach. Those things are not in the books and are not taught in the schools, and they ought to be. The time has come when we as a dental profession should demand it. The medical profession has taken up the question recently and has sent a layman to examine the colleges and libraries and everything connected with the medical schools of this country to report to their national association what he finds.

We need that not only in the public schools, but in our own colleges. Are our young men taught these things as thoroughly as they ought to be? I doubt it.

(Former President Missouri State Society.)—I

Dr. Stevens. desire to thank you for the opportunity of being with you.

We older dentists remember very well when we could not give advice; we could not tell our patients how to treat their mouths and treat their teeth, and I am glad to hear it advocated here. We were talking about it in our own meeting in Missouri, and that we should have a fee for telling our patients what to do, for it takes us a long while to learn how to advise.

Preventive dentistry is something that we ought to teach, and I think it is proper, when we are talking with a patient and find the breath is bad, that we should tell him what to do to prevent it. A man has a rubber plate in the mouth and the mouth stinks; you can tell him it is his own fault and tell him how to cure it.

Dr. Flannagan this morning has given us a paper

Dr. Chase. which we might say has another Flannagan in it!

He is full of them, and is ever preaching the doctrine of progress, the doctrine of organization and the doctrine of taking care of our profession so as to attain the highest there is in us. It is not very long ago since I had the pleasure of listening to another of Dr. Flannagan's papers on a similar subject. When he said "organization" he struck the keynote of that which is to bring our profession to power; bring it into a position where we can demand legislation; where the powers that be—the political powers—will listen to what we have to say. When we want any legislation they will listen to us, and until we can attain such an organization we shall have hard work to obtain that which is our due.

Dr. Flannagan also spoke in reference to consultation. There is no reason why any dentist should not fit himself to be a consultant, not only of his fellow-practitioners but also of medical practitioners. There are

ITEMS OF INTEREST

conditions in the mouth utterly impossible for the ordinary physician to diagnose correctly. If he diagnoses it at all he does it from a wrong direction, obtaining a result that is erroneous, and has to send the patient eventually to the dentist. There is no reason why we should not receive fees for consultation, and it is the fault of the dentists themselves that they do not. There is no patient and no community that will place a greater value upon your services than you do yourself, and it is for us to get into a position where we will be able to demand, not only the respect, but the fees that are our due.

I am aware that in taking the floor the second time I am perhaps trespassing upon the time of the meeting.

Dr. English.

I want to say, however, that what I said a minute ago in regard to New Jersey I am willing to back up still further. Dr. Stockton a few moments ago said it is necessary that a text-book should be put in the public schools dealing with the subject of the teeth, and I believe he is right. I will make this proposition: that if this society will undertake to put such a book into the public schools and use its influence to that end, if it is the wish of this society I will write such a book for it, and it makes no difference to me whether my name goes on the title page of that book or not. The society can consider for itself whether that would be an ethical proposition. (Loud applause.)

I hope the suggestion of Dr. English will be noted and some action taken upon it in the near future.

President Dilts.

Dr. Flannagan's address was one of the most inspiring themes that could be heard by anyone interested in the profession. I, as a woman, on many occasions have been asked to extract teeth where, on examination, I have found that extraction was improper, and have suggested that the tooth should be treated, and have made every effort to save teeth, although often the patient has persisted in the desire to have the tooth extracted. The trouble is that the public have not the right idea, and they have obtained their impressions from the way in which they have been handled by some dentist who was not practicing properly.

I am very glad to be here, for these organizations not only give a social interchange but also inspiration, for there are many people who can think broadly and think well, but can never give up the best that is in them to others unless they come in touch with them in some such way as this. And thus we learn from these gatherings, from each other, how we can help one another.

I thank Dr. Flannagan very much for his address. (Loud applause.)

SOCIETY DISCUSSIONS

Why does the dentist not charge for consultation? It is the dentist's own fault. I practice in a community where dentists do not charge for consultation, but I received an inspiration from our friend Dr. Brush, who spoke before our local society, and the next day I began to charge for consultation and I got the money every time. Others do not get it because they do not ask for it.

We speak about educating the public; let us educate ourselves first, so that we may practice dentistry in a dignified way; and I really think many practice unethically because they do not know any better.

Dr. English spoke of infection. He voiced a great truth, but that should not prevent us from doing our duty and seeking in every way to prevent infection. Dr. Flannagan. He also spoke of the need of dentists on hospital staffs, and also of a so-called case of neuralgia. Nine-tenths of the so-called cases of neuralgia, in the average medical practice, are treated from the symptoms, and not from the cause, and the patient suffers accordingly. He also spoke of the division of the State into districts, thereby helping the members in the matter of national organization. Since 1894 Massachusetts has been divided into districts; we did not originate the idea, but borrowed it from the medical association, and we have in Massachusetts to-day close to seven hundred members in our State society.

The matter of a book on the subject of pathology and hygiene has been referred to. I have been speaking about that for fully fifteen years, and no one has arisen yet to write that book. We really do not need an entire book, but we should have prestige enough, and the National Association should have prestige enough, to obtain an entrance into the field, so that when a book of broad nature is to be published, suitable for use in the public schools, there should be in that book a chapter devoted to the care of the teeth, and it is the fault of the dental profession alone that it has not been done. Here we are, meeting year after year, and national conventions come and go, yet nothing has been done about it. We alone are to blame.

Dr. Sutphen spoke of the matter of a fee for advice, and I want to do a little arithmetic with you for a few moments. Do you believe as honest practitioners of dentistry that if there was not more money in making crowns—many of them shiners—putting them on teeth that often could be saved with fillings—if there was not more money in that would there be so much of it done? If there were not more money in doing many material things in dentistry, would there be so much of it? If advice and services were appreciated in the proper way, and the public had been taught by us collectively and individually that we are members

ITEMS OF INTEREST

of a profession, that we are a part of the healing art and render professional services, do not you honestly believe that there would be more of that and less of the material which the public believes should alone be paid for?

Dr. Chase said to-day we can demand legislation when we are organized. Doctor, that is a good statement, but I want to improve on it. We will not need to demand it; we will command it when we are organized.

Someone spoke of the Philadelphia Dental College and of a teacher there, and I wish to say here in public that one of the greatest minds that ever lived in dentistry was the late Dr. James E. Garretson. He taught me two great fundamental truths; if I never got anything else out of the Philadelphia Dental College I got those two, and those were that dentistry is to the person who practices it as that person himself is; if the person has low ideals or imperfections he will carry them into his practice, which will be in proportion thereto. The other great thought is this: that knowledge belongs exclusively to no man, individual or school; it is to be had by going after it and by burning the midnight oil, and the last thought along that line I wish to give to you is this, and this is what Garretson said to use many times: "Boys, when you don't know, go to the book." (Applause.)

Now, this all comes to an end, and I wish to say here to-day, in speaking of opportunity, what John J. Ingalls said, for opportunity exists throughout the whole world:

"Master of human destinies am I!
Fame, love and fortune on my footsteps wait.
Cities and fields I walk; I penetrate
Deserts and seas remote, and passing by
Hovel and mart and palace, soon or late
I knock unbidden once at every gate!

"If sleeping, wake; if feasting, rise before
I turn away. I am the hour of fate,
And they who follow me reach every state
Mortals desire, and conquer every foe,
Save death; but those who doubt or hesitate,
Condemned to failure, penury and woe,
Seek me in vain, and uselessly implore;
I answer not, and I return no more."



Public and Private Dental Service for Children.

*"Inasmuch as ye have done it unto one of the least of these, my brethren,
ye have done it unto Me."*

There is a loud cry in the land for Dental Clinics! Free Dental Clinics! Examination of the teeth of school children! And, finally, for Clinics, Dental Clinics, where the teeth of these school children may be cared for. A perfect paroxysm of public philanthropy seems to have seized upon the dental profession, and it is spreading like an epidemic; every metropolis, every city, every town, every village, is anxiously asking, "How may we inaugurate free dental clinics?"

Anon there is a wail from the wilderness, and the mourners cry out at the stupidity or the cupidity of municipal officers. They condemn the lack of intelligence of Commissioners of Education; the professional jealousies of Boards of Health; the stinginess of Aldermen, Councilmen, and masters of the purse generally. It seems so odd that these gentle-

ITEMS OF INTEREST

men, holding high positions of trust, should be so blind that they cannot see the advantage of compelling children to have their teeth examined, and of advising children to have their teeth treated—by dentists.

Some say that this official blindness to the best interests of the community is odd, very odd. But since this oddity is not confined to any one locality, since it seems common wherever the dental clinic clamor is heard, might we not with profit inquire into the etiology of this official lack of clear vision?

We already have medical inspection of school children. Commissioners of Education and Boards of Health combine in their efforts to make medical inspection successful, while Boards of Aldermen cheerfully vote in favor of supplying the needed funds. Why should these men be blind in one eye only? The answer is pat. We have not yet made them see clearly with that particular organ which scrutinizes our dental demands.

They know the blessing of health; they comprehend the devastations of disease; they realize the danger to the whole community from the daily herding together of individuals, some of whom may bear contagion upon their persons. They know, also, that it will benefit all the people to keep each individual child as well as possible. They have learned all this from the physician himself. But they know another thing, and that is that the doctor can be trusted. They have had long acquaintance with his charity, with his self-sacrifice, and with his untiring devotion to the sick poor, and especially to the poor, sick child. They have seen the doctor at work by day—and by night. They have seen him remain in the hot city, and forego his much needed summer vacation, that he may visit the tenements and do his best to lower the infant mortality of his town. In time of epidemic or pestilence they find him at his post, regardless of self risk; in time of war they see him upon the field where the bullets are thickest and where the wounded need his help. No! It is not strange that public officials should trust the doctor; they know him and his works.

What of the dentist? Do they know him?

The Dentist. What is it that dentists are asking communities to do? To entrust the care of the teeth of the children of the poor into their hands! Is not that it?



What have we done to prove that we would be safe custodians of these precious little ones? Let us consider this question and answer it dispassionately.

First, then, there are already sparsely spread over the land a few dental clinics, and there is no doubt that much good is done in them. But is all the good done that could be done? All that should be done? When a school child is sent to one of these dental clinics, does he receive the acme of professional dental attention? Is he treated by the very best dentists, or, if in a few cases this be so, does he receive the very highest order of dental attention? What would occur to the same child sent to a public hospital? If suffering with appendicitis would he not have skilled surgical attention? If ill with some contagious disease would he not be competently cared for? If sick at all would he not be treated, regardless of the cost of medicine or maintenance, until convalescent? Is this sort of service rendered at many free dental clinics? Are gold fillings inserted free? Or porcelain placed in the more conspicuous cavities? Are abscessed teeth treated and cured, or are they extracted? In other words, when the children are given into our care do we render them exactly the same sort of service which would be received by a similarly afflicted private patient? Do physicians thus discriminate?

The writer asked one dental infirmary enthusiast whether the teeth of the children are ever filled with gold, and the reply was to the effect that amalgam is most commonly used, but "the child is better off with an amalgam filling than with none at all."

This statement is, of course, true, but the operator himself is not so well off, using amalgam for a poor child when in his heart he may know that the tooth could be and should be filled once and for all time with gold. The child comes away from the operating chair physically benefited; perhaps by the time when the amalgam fails he may be earning enough to have it replaced with gold. But the operator leaves the clinic room morally debased, because he has not given unto the poor child the very best that was in him.

Think a minute! What would we say of a physician dismissing a child from a hospital half cured of diphtheria, and excusing himself by saying, "She is much better than when she came in!"

Of course, there are dentists who do give their very best services

ITEMS OF INTEREST

when working in the cause of charity. The writer personally knows and honors many such. Yet on the whole, can the profession deny that they would dislike to truly answer some of the above queries, especially if they were asked by Commissioners of Education, Boards of Health, and Aldermen?

But we may go even further, and why should we pause? How may a man cleanse himself unless he recognize that he be unclean?

Treatment of Children in Private Practice.

In the matter of the dental treatment of children the profession as a whole is not alone derelict when operating for the poor, but almost equally so in their own offices. Let us ask, and then leave each reader to answer for himself, a few pertinent questions.

How many treat temporary teeth with the same degree of care as they would the permanent teeth in the same child mouth? How many treat the permanent teeth in the child mouth with the same thoroughness and skill as they would exactly similar teeth in an adult mouth? Is there not a discrimination in favor of the adult and against the child? Is not temporary work more common in the mouths of children than in the mouths of adults? Is it not true, where a tooth is filled temporarily and later filled permanently, that the tooth is not so well filled as a similar tooth filled permanently in the first instance? What is the true proportion between the teeth of children treated with the rubber dam in place and similar teeth of adults? How many dentists use the rubber dam when treating the temporary teeth? If the rubber dam, unpleasant as it is, is required with adults, why is it not equally necessary in dealing with children? If children's teeth may be properly treated without the dam, why is it ever used in the adult mouth?

Do we not go to extreme lengths to cure an abscess on a permanent tooth, and are not thousands of abscesses on temporary teeth left not only uncured, but, alas! untreated? How many men believe that a "gum-boil" is different from an "alveolar abscess"? Is it not true that such uncured "gum-boils" lead to the premature loss of the temporary teeth, and is it not likewise true that such loss leads to a contraction of the arch at that point, with a malocclusion involving at least five teeth?

Why all this discrimination against children in public and in private dental service? Is it laziness, or is it incompetency?



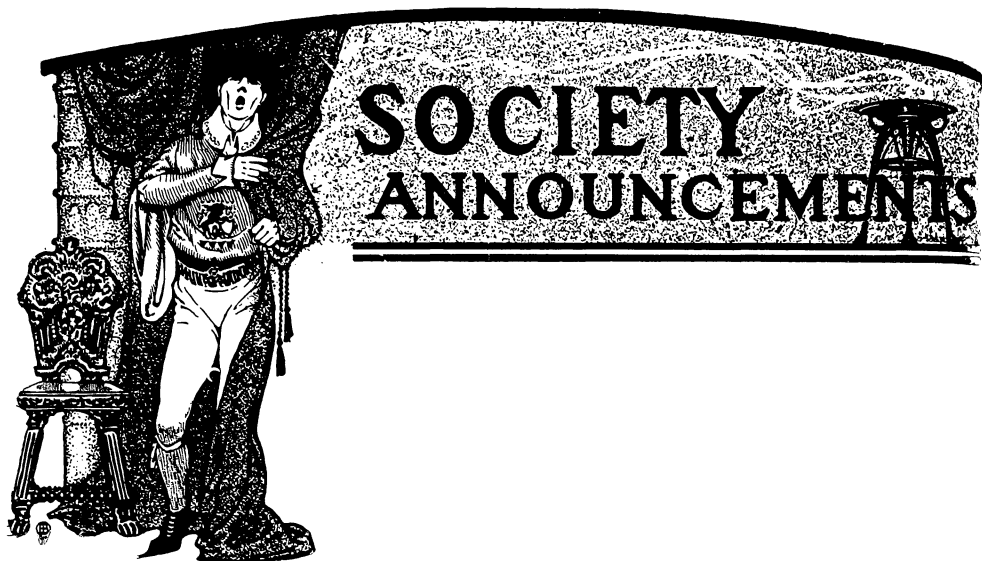
**Cure for
Official
Blindness.**

The writer well knows that the above will not prove popular, but if it makes the profession pause to think he will be glad to have written in this vein. It is not his intention to discountenance, discourage or to discredit the dental clinic movement. But he does believe that the house built in a hurry is as a house built upon a quicksand, or even like a castle in the air. Better let us build slowly, and build effectually, than to have dental clinics spring up as a result of professional hysteria, subsequently to fail because of unprofessional loss of interest. How best to achieve our aim cannot be discussed here, but one suggestion may be made, affording a means of curing that official blindness so much complained of. In any community where a dental clinic may seem desirable, before asking the municipality to indorse and finance the scheme, let the local dental fraternity prove their honesty of purpose, and their ability to succeed in that purpose, by the following plan:

Appoint a committee of the very best practitioners obtainable; ask the Board of Health, co-operating with the Commissioners of Education, to select from the schools a number of derelicts: pupils behind in scholarship; below par in general health, and at the same time in great need of dental attention. Then let each member of the committee assume the complete dental care of one such child, giving to that derelict the same care as would be given to his own son or daughter. Let the physical and scholastic records of these children be kept and compared after one or two years with the similar record of similar derelicts receiving no dental care, and also with the records of the treated children prior to treatment.

With a demonstration of this character proving successful it would not be difficult to obtain the means for establishing proper dental hospitals, not clinics. Dental hospitals, with resident house staff liberally supported by the city.





Southern Illinois Dental Society.

The Executive Committee of the Southern Illinois Dental Society wish to report to the members of the profession that they are busy preparing a programme for the twenty-fifth anniversary of the S. I. D. S., which will be celebrated in Chester, Ill., October 25-26, 1910; and at this early date, while the programme has not been completed, they can assure all interested that the meeting will be the best and largest in the history of the Society. All practitioners in the jurisdiction should mark the date and arrange to be in attendance, as the meeting promises to be of such a character that none can afford to miss it. The programme will be published later.

ALGY F. STRANGE, Secretary.

Litchfield, Ill.

Northern Philadelphia Association of Dental Surgeons.

The Northern Philadelphia Association of Dental Surgeons has recently organized with the object of mutual help of its members and the advancement of the profession. The meetings will be held monthly, and the membership will be in accordance with the code of ethics. The following officers have been elected for the first year: President, Dr. E. H. Mentzer; vice-president, Dr. R. E. Denney; secretary, Dr. Richard Souder, 148 Lehigh Ave.; treasurer, Dr. W. C. T. Bauerle; editor, Dr. Howard H. Shepler.



Northern Indiana Dental Society.

The twenty-second annual meeting of the Northern Indiana Dental Society will be held at South Bend, Ind., Monday and Tuesday, October 17, 18, 1910.

South Bend, Ind.

CLEM SHIDLER, Secretary.

New York Alumni Association, XI PSI PHI Fraternity.

The annual fall meeting and election of officers of the New York Alumni Association, Xi Psi Phi Fraternity, will be held at Healy's, Columbus Avenue and Sixty-sixth Street, New York City, at 8 P. M., Wednesday, October 12, 1910. Every Xi Psi Phi Alumnus residing in or about New York City is urged and expected to be present.

Maryland State Board of Dental Examiners.

The Maryland State Board of Dental Examiners will meet for the examination of candidates for certificates on November 10, 11, 1910, at the Dental Department of the University of Maryland, Baltimore, at 9 a. m.

Applications accompanied by the fee of Ten Dollars (\$10) must be filed with the secretary prior to November 10th.

For further information address,

701 N. Howard St., Baltimore, Md. F. F. DREW, Secretary.

Connecticut State Dental Commissioners.

The Dental Commissioners of the State of Connecticut hereby give notice that they will meet at Hartford on Wednesday, Thursday, and Friday, November 16, 17, and 18, to examine applicants for license to practice dentistry, and for the transaction of any other business proper to come before them. Application blanks, rules, etc., will be forwarded by the recorder upon request.

By order of the Commission.

GILBERT M. GRISWOLD, M.D.S., Recorder.

783 Main Street, Hartford, Conn.



Massachusetts Board of Registration in Dentistry.

A meeting of the Massachusetts Board of Registration in Dentistry will be held in Boston, October 26, 27, 28, 1910. For applications and information address,

25 Merrimack St., Haverhill, Mass.

DR. G. E. MITCHELL.

Northeastern Dental Association.

The sixteenth annual meeting of the Northeastern Dental Association will be held in Boston, at the Hotel Somerset, October 20, 21, 22, 1910. The essays, clinics and exhibits promise a meeting well worth attending.

EDGAR O. KINSMAN, Secretary.

Cambridge, Mass.

Minnesota State Board of Dental Examiners.

The next regular meeting of the Minnesota State Board of Dental Examiners will be held at the Dental Department of the State University in Minneapolis on November 15-16-17, 1910.

All applications must be in the hands of the Secretary ten days before. All applicants must be graduates, and present their diploma. Those having practiced in any of the following States for five years or more will be exempt from the theoretical examination: Iowa, Indiana, Michigan, Nebraska, Wisconsin or Montana. Minnesota dentists are admitted to those States on same conditions.

For blanks and further information, apply to the Secretary.

Lake City, Minn.

DR. GEO. S. TODD, Secy.

Arizona Board of Dental Examiners.

There will be a meeting of the Arizona Board of Dental Examiners on the 14-15-16-17-18 days of November, at Phoenix, Arizona.

Candidates should have their application, and fee of \$25.00 should accompany same, at least twenty days before meeting.

Theoretical examination includes the following subjects: Anatomy, Physiology, Chemistry, Materia Medica, Therapeutics, Metallurgy, Histology, Pathology, Operative and Mechanical Dentistry, Oral Surgery, Practical Demonstration of Skill in Operative and Mechanical Dentistry will also be required, and candidates should come prepared with instruments and material for making fillings and crowns in the mouth.

Tucson, Ariz.

W. A. BAKER, D.D.S., Secy. and Treas.